ATTENDING PHYSICIAN

0

after death.

After Ö

72 Four after death. A director, the third capy

within funeral

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEICATE OF DEATH

06166

517: SER	III (AII	. OI DLA	R	eg. Dist. N	o. 27
1. PLACE OF DEATH	. A4-4. V	2. USUAL RESIDENCE	E (HOME) OF D	ECEASED	
county Anna Arundel	MARYLAND	STATE Pennsyl	vania county	Lvcomi	ne
CITY (If outside corporate timits, write RURAL	LENGTH OF STAY	CITY (If outside corpore	to limits, write RURAL e		
X TOWN FOR George G. Meade	4 1/2 months	TOWN Monte	comery	7	5 X -3
HOSPITAL OR INSTITUTION OR		STREET		ve focation)	1
50 STREET ADDRESS U. S. Army Hospit	0.1		. Houston	Avenue	1
3. NAME OF (First) (/	Aiddle)	(Lest)	4. DATE (Mo		y) (Yeer)
(Type or Print)	EITESON E	ANGHART	DEATH JU	ly	9 19 55
5. SEX   6. COLOR OR   7. SINGLE, MARRIE	D, 8. DATE	OF BIRTH 9.	AGE lest birthday	IF UNDER 1 YE	
Male RACE WIDOWED, DIVE		ly 1955	γrs.	Months De	Hours Min.
	OF BUSINESS	11. BIRTHPLACE (State or foreign	country]		ITIZEN OF WHAT
. 47 43	NORS	Maryland			OUNTRY? SA
13. FATHER'S NAME		I 14. MOTHER'S MAIDEN NA	AME	1 04	247
William Emerson Banghart		Dawn Grac	e St. Jame	4	
	SOCIAL SECURITY NO.	17, INFORMANT & AD	DRESS		
(Yes, no, or unk.) (If Yes, give wer or deles of service)	None	ig co. 2101	Thom Fore	sen Ban	phort Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI	RTIFICATION			INTERVAL BETWEEN
011 F	iratory Failu	re - Atclectasi	e		ONSET AND DEATH
		20 - 200, 200 0000 1	13		10 hrs. 24
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	naturity				
DISEASES OR CONDITIONS, IF ANY, (B) Pro-	200				
STATING UNDERLYING CAUSE LAST.					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS (	OF OPERATION				YES NO TO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, of	ferm, fectory, fice bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County)	(5lete)
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e.	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
White	Not white	211. HOW DID INJURY OCCUR!			
22. I hereby certify that I attended the decea	9 July	10 55 40 9 J	ulv , 55	short I I as	
alive on 9 July 19.55 and	sed from	1645		, that I last	saw the deceased
alive on 19 32 and		1.1645 M, from the ca	uses and on the e ESB (Street, city, tow		
001 16 7000	111				DATE SIGNED
23. BURIAL, CREMATION,   DATE THEREOF	NAME OF CEMETERY OR	Fort G.G. Mead	e, Id. 9	July 195	
REMOVAL (SPECIFY)	The state of the s		LOCATION (City, fow		(Stete)
Burial 12 Jul 1958	Post Cemet	ery	Fort G.G.	Moade, I	aryland
24. REC'D BY REGISTRAR REGISTE R'S SOSATURE	nom em with	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDI	RESS
DATE 11 July 1955 . SATLOK,	IST LT ISC	Chaplain Wh	lite Fort	G.G. M	eade, Md.

DATE

BY ALCOHOLOGICAL OF THE ANTHONY OF T

# GERTIFICATE OF DEATH

BUREAU V. S.

SSEL SI JUL



in the second

August 1

BUREAU V. S.

Sagi 8 aug

DECENTED.

ATTENDING PHYSICIAN

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06168

#### 6173 CERTIFICATE OF DEATH

Reg. Dist. No.....21

1. PLACE OF DEATH		Z. USUAL RESID	ENCE (HOME) OF DE	CEASED	
COUNTY Anne Arundel	MARYLAND	STATE Maryl		nne Arund	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside co	rporate limits, write RURAL and	d give neerest town	4)
OR end give neerest town)  // TOWN	(in this place)	TOWN Sha	dy Oaks		~
HOSPITAL OR II & Mayel Hoen	1 -1	STREET	(If rural give	location	^
INSTITUTION OR U. Naval HOSP.		ADDRESS	(0.100.00		1
/ STREET ADDRESS Annapolis, Maryl:					
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Mont)	h) (Dey)	(Year)
(Type or Print) Baby Girl		BERWICK	DEATH Ju	ly 3	1955
5. SEX   6. COLOR OR   7. SINGLE, MAR		OF BIRTH	9. AGE lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HE
F White (Specify) Signature	NORCED,	3, 1955	yn.	Months Days	Hours Min
	IND OF BUSINESS	11. BIRTHPLACE (State or fo	oreign country)	i iz. Citizi	EN OF WHAT
	R INDUSTRY	_		ofte day	NTRY?
		Maryla	ind	0	3
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
Alexander (n) BERWICK		Elizabeth	May Player		
	6. SOCIAL SECURITY NO.	17. INFORMANT	A ADDRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of service)	none	Father:	U.S. Naval Ho	spital	
No I	18. MEDICAL CE	DTICICATION	Annapolis, M		ERVAL BETWEEN
# DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		RIFICATION			SET AND DEATH
4/1.5 Prem	aturity due to	o premature se	paration of	1 7	61.5
Pus as Ding		V	I P		
VILLEGEDELIA ELIGOPÍO	Cilla				
DISEASES OR CONDITIONS, IF ANY, (8)  GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.	OF OPEN TION				A ALITORCU I
196. DATE OF OPERATION 196. MAJOR FINDING:	OF OPERATION			YES	O. AUTOPSY?
216. ACCIDENT WAS UNDERLYING   216. PLACE (Hol	me, ferm, fectory,	21c. WHERE DID INJURY OC	CLIP? (City or lown)	(County)	(Stete)
OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street.	office bidg., etc.)	TIC. WILKE DID HOOK! OC	con (cay or town)	(month)	[91010]
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)   21d	. INJURY OCCURRED	21f. HOW DID INJURY OC	CHE >		
W	rile Not while	21011 DID 1110/11 OC			
P744   We	work   et work	7 - 7 - 1	7.0		
22. I hereby certify that I attended the deci					
alive on	d that death occurred a	0125a M, from the	causes and on the da	ate stated abov	ve.
STOWATURE (7)			DRESS (Street, city, town,	, slate)	DATE SIGNE
E.R. PETERS LT MC USN	M.D.	U.S. Naval Hos	oital	7-	-6-66
23. BURIAL, CREMATION, DATE THEREOF	NAME, OF CEMETERY OF	A	LOCATION (City, town,	or county)	(Stele)
REMOVAL ISPECIFY	110,101	Jannous	1/ H. 1. 10 -	201	N.
WRIAL MIGHTS	מדיטורטו	- TUHDEM	ALIMANH P	10/12	170
24. REC'D BY REGISTRAR REGISTRATOR		25. FUNERAL DIRECTOR	B SIGNATURE	ADDRESS HUA	
DATE VILLE 1955 11	Druck	JOHN 1	1 /AYLOK	TINA	110
	1				71:
20 75 353281 11	A TANK		1-1-1		

HTASE SO STADRITUSD CELT

ST PROPERTY OF STABLE TO THE WAS A STATE WAS TRAM

BUREAU V. S.

S361 S 701

BECEIVED

#### MARYLAND STATE DEPARTMENT OF HEALTH

6180

2411 N. Charles Street, Baltimere

#### CERTIFICATE OF DEATH

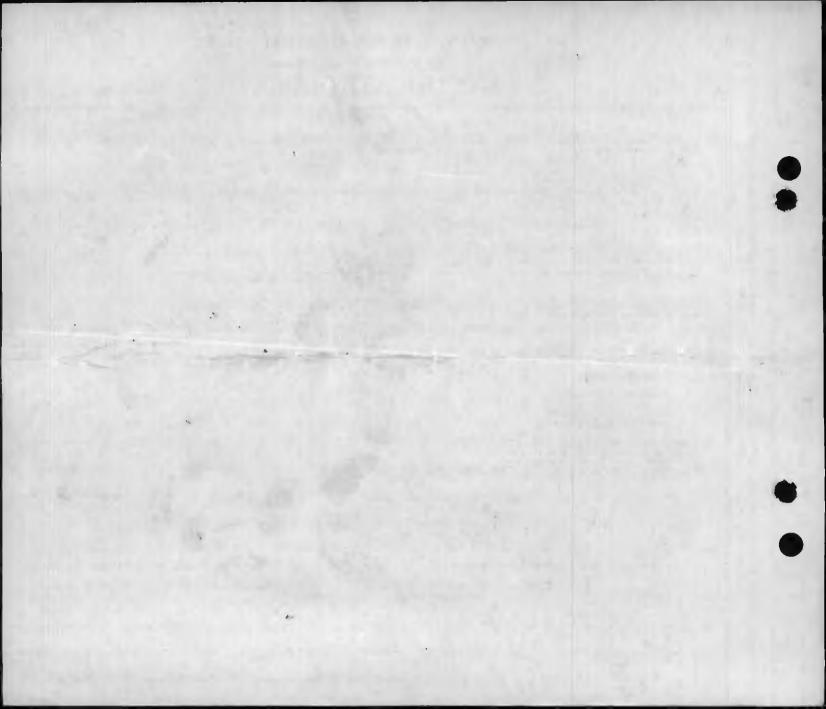
Reg. Dist. No.

1. PLACE OF DEATH- COUNTY COME Cornello MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTDING EAST
CITY (If outside corporate limits, write RURAL and CORT give nearest town) Harkery (in this place)	TOWN Hamaus . X
HOSPITAL OR INSTITUTION OR Perry Road	ADDRESS Perry Ryad .
3. NAME OF DECEASED (Middle) (Middle) (Mype or Print)	Blue OF They 5 (Month) 5 (Day) (Year)
6. SEX COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I year Iff under 24 hrs. Aug. 1, 1867 Min. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business of Industry  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business of Industry  10c. Lind o	11. BIRTHPLACE (State or foreign country)  Cameron  1. C  12. CITIEBN OF WHAT  COUNTRY? 4. S
13. FATHER'S NAME	Bettie Nailer —
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS . Harrie 1 Harrie
Is. MEDICAL CI	INTERVAL BETWEEN ONSET AND DEATE
332 mmediate cause (a) Ceservel	rufact Iday
Antecedent cause(s) Diseases or conditions, ((any, (b), Hencilly	& asterna davis 2 year
giving rise to the above cause stating the underlying cause iast	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, Actory, street, OF office bldg., etc.)  NJURY	(CITY OR JOWN) (COUNTY) (STATE)
TIME (Month) (Bay) (Year (Hour) INJURY GCURRID While at Not While in Not While work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased the left.	5.519 July 7., 19.55, that I last saw the deceased
V. 0 = 1-0 //	ADDRESS from the causes and on the date stated above.
1 Tomalla dipoters	M4. Aleuton med 7-7-5-5
BELOVIE (Specify) July 8, 1955 Mt. Ruby	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL ENCISTRAR'S SIGNATURE REG.	There hate Rulling Schreder St.
- Snin	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15

The correct age

M



death.	r this	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	0.04150
S affer	opy of	6181 CERTIFICATE OF DEATH	06170
Total Paris	third	1. PLACE OF DEATH  2. USUAL RESIDENCE (HOME) OF DECEASED	
24	rs aft	COUNTY Grane Greenles MARYLAND STATE Assay long COUNTY ani	Mondel
within	hour, ector,	CITY (if outside corporate limits, write RURAL OR and give near OR and give near town)  CITY (if outside corporate limits, write RURAL and give near OR TOWN 7//Croinsville, write RURAL and give ne	C, UHX 2
cuted	in 72 al dire	HOSMITAL OR INSTITUTION OR ADDRESS LONG POINT (IL wire love location) STREET ADDRESS LONG POINT (IL wire love location)	1261
	r within funeral	3. NAME OF (Eyst) (Middle) (Last) 4. DATE (Month) OF (DECLASED A) (Middle)	(Dey) (Year)
cate b	registrar by the	5. SEX 6, COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday Af UNDER WIDOWED, DIYORCED,	79 1956 1 YEAR JIF UNDER 24 HRS.
certificate	the ra	MALE W. (Specify) Married July 14. 1888 67 yes. Months	Days Hours Min.
feath	led with ly filled permit.	Gonf during most of working life, evan it OR INDUSTRY VI. S. Gas Washington V. C.	U.S.A.
the the	it est	13. FATHER'S NAME	
quires that physician	complete	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 200 (Yes, no, or unk.) (If Yes, give war or dates of service)	-07. 2. ave. n. E
require	certificate and con a burial tr	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
law Hendin	ath cian as	420, 1 IMMEDIATE CAUSE (A) Cot annuy Thromboses	9
or a	eft phare	ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE	
PITAL	uires that attending stached fo	STATING UNDERLYING CAUSE LAST, DUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
o e	Q . Q	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
à à	3 . △	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20, AUTOPSY? YES NO
SICIAN be retained	OR: The la executed by nbly should	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, farm, factory, OF INJURY OCCUR? (City or lown) (Count of INJURY Streat, offica bldg., etc.)	(State)
		21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s. INJURY OCCURRED While Not white at work 21f. HOW DID INJURY OCCUR?	
G PHY	2 2 2	22. I hereby certify that I attended the deceased from 19 to 7/29 19.55, that I alive on 7/29 19.55, and that death occurred at 7.5 M, from the causes and on the date stated	
FTENDIN bottom co	A High	alive on	DATE SIGNED
ATT!	FUNI certific death vi5c 1-5	23. BURIAL CREMATION DATE THEREORO THE PLANE OF CEMETERY OR CREMATORY (OCATION (City, Town, or country) Rocky Crack Concerns Washington, D.	(State)
5	5 5	24. REC'D BY REGISTRAR REGISTRAN SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 2901-	potte St. now
		DATE & J 1733 III UNIMA 1/2 1 17 Mash	mylow Vic

ALL MANY LATIO STATE DISPARENCED OF REAL VINESALTIMORIE, 15

CERTIFICATE OF DEATH

. Picknowcati - 5

Logo, Solasion of the

Marie Contract

=4 | 87 |

The second second second

BUREAU V. S.

SS6T TO DAY

BECEIVED



### STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

### EXAMINER'S

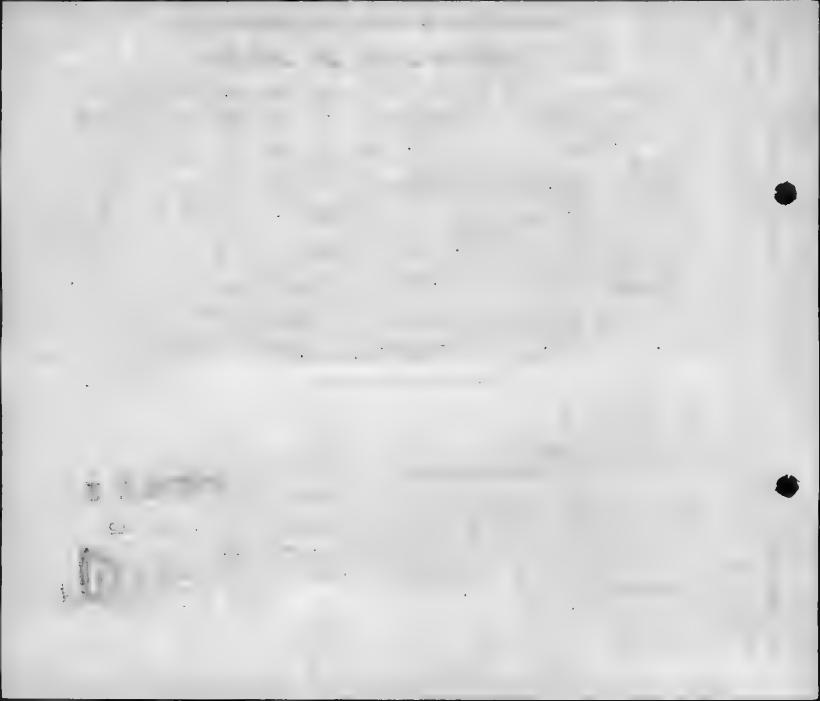
	THE TOTAL OF THE TANK INC.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Anne Arundel MARYLAND	STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Crownsville  LENGTH OF STAY (in this place) 2 yrs	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Crownsville Box 438 B
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old River Rd.	STREET (If rural, give location) / Old River Rd.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) RAY ELSWORTH BRICE	(Last) 4. DATE (Month) (Day) (Year) OF DEATH JULY 10 19 55
Mate White Specify: Single May	9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS 24, 1955
even if retired):	Baltimore, Maryland USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Elsworth Brice	Irene B. Aughinbaugh
(Yes, no. or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS: Mr Charles E. Brice- Father- same as # 2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Asperation Pneumon DUE TO  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause  but TO  stating underlying cause last (c)	nia Sudden
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No 🎑
21a. EXTERNAL CAUSE WAS PRIMARY  OF CONTRIBUTING  OF Street, office bldg., etc., INJURY	Crownsville Anne Arundel Maryland
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF July 10, 55	Natural Causes
22. I hereby certify that I took charge of the remains described find that death resulted from Natural causes II. Accidentative Elmon G. Linhard the Malli	ded above, held an Autopsy [], Inspection [3], Inquiry [3], and lent [], Suicide [], Homicide [], Undetermined cause []  CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. [] July 10, 195
REMOVAL (Specify): Burial July 11,55 Cedar Bluff	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1/-: L-3 \	I Dan I Hamadan and Com America Me

PLEASE WRITE PLAINDY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: pleam write the causes of death clearly and legibly. VS. A15A - 5 - 53

M

MARGIN RESERVED FOR BINDING





Correspondent Monday Co.

Lister of the construction of the second of th (iv: 1/2) ( tell 7, 1 - 1 "he bies - William to any year." 1. 18116 S.S. 1916. mil may be in the state of the same from Dillian the set Commisters

## 6161

### CERTIFICATE OF DEATH

Reg. Dist. No...21

	1. PLACE OF DEATH		2. USUAL RESIDE	CE (HOME) OF D	ECEASED	
	COUNTY AA N	ARYLAND	STATE Md	COUNTY	AA	
		NGTH OF STAY	CITY (Il outside corpo	oreta limits, write RURAL a		1
	OR end give nearest town)  // TOWN Annapolis	(in this place)	OR TOWN TO	totam DO		· ·
	HOSPITAL OR		STREET	later PO	ve location)	
	INSTITUTION OR		ADDRESS	(it to the Bi-	re tocanon)	*
	STREET ADDRESS Anne Arundel General	Hospital	Mayo	Md.		
	3. NAME OF (First) (Middle DECEASED	4	(Lest)	4. DATE [Mor	nth) (Day)	(Year)
	(Type or Print) Margeret Resella Bu	17		DEATH	ılv 25	19 55
	5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	I 8. DATE OF	BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	TIF UNDER 24 HRS.
	PACE . *   WIDOWED DIVORCES	),			Months Deys	Hours   Min.
	F W (Specify) Widow	Octobe	er 19, 1865	89 ул.		
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUS	BUSINESS 1	II. BIRTHPLACE (Stelle or fore	ign country)		EN OF WHAT
	retired) Housewife own Hor	ne	Shadyside . 1	√d.	USA	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		I DOI:	
	Tahu Bankan		70 4 4 7 7	* * .		
	John Pepham  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOC	IAL SECURITY NO.	17. NFORMANT &	Westermen		
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	AL SECURIT NO.	I/. INFORMANI &	ADDKE22		
	more description of		Mrs Harvey	Cummines.	Mayo. Md.	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	B. MEDICAL CERT	TIFICATION			ERVAL BETWEEN
J		200	in		O	2 Dinas
	904. 9MMEDIATE CAUSE (A) S		1.1 <del>                                 </del>		. 4	12.WA>
	ANTECEDENT CAUSE(S) DUE TO	20 1	1/20	1 / 2/	+ 4	1.0
	DISEASES OR CONDITIONS, IF ANY, (B)	46 MM	16101	b /ch	1 3	OI AZ
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	1500	h	1		1.1.
	(c) Cally	01156	7-31	W.T.		OLY_
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1 . 1	in the			2/
	DISEASE OR CONDITION CAUSING DEATH.	D V Q	MOTILE			
	190 DATE OF OPERATION 196. MAJOR FINDINGS OF OP		is the shoet	in I man	TIL YOU YES	O. AUTOPSY?
	210. ACCIDENT WAS UNDERLYING   21b, PLACE (Home) form	1416614	E. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stefe)
	OR CONTRIBUTING OF CAUSE OF DEATH OF INJURY street, Office b	idg., etc.)	A	is lined of	(Gourny,	7.
	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)   21a. INJUR	Y OCCURRED   2	II. HOW DID INJURY OCCU	MAINE		_NV01-
	While	Not while	Eellin	1	5	,
	M,   el work L	at work		homi	<del></del>	
	22. I hereby certify that I attended the deceased f	rom	1 1955 10T.L.	تــــــــــــــــــــــــــــــــــــ	, that I last say	w the deceased
	alive on	death occurred at:	A.M. from the c	aeses and on the o	date stated abov	e.
8	[ SIGNATORE ]		1 AMADE	RESS (Street, city, tow	n, state)	DATE SIGNED
ŭ.	Man 2011 Board M	MMM.D. Y	lo Callad	my Son	VTW	11 24, 1965
2	23. BURIAL, CREMATION, DATE THEREOF NA	ME OF CEMETERY OR C	REMATORY	LOCATION (City, tole	n, or county	(Sfate)
22	removal (SPECIFY) Lurial  July 27, 1955	Marro Mamand	al Chamak	Manua Til 3	A Bo	3.53
S	REGISTRAR   REGISTRATURE	rayo remori	25. FUNERAL DIRECTOR'S	Mayo, Edg	ewater PO	
7	THE STATE OF THE S		25. FUNERAL DIRECTOR'S	of A	Life ADDRESS	
	DATE U U O W		Horoine Fift	eral Heme	Apparelia	Ma
1 6						

OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. NSTRUCTIONS ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

M

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled beath certificate assembly should be detached for use as a burial transit permit.

EC.

0



after death.

Affir ō

death.

72 Sours after de director, the third

registrar within is by the funeral

로.토

e dmith certifical be filed with obysician and completely filled use as a burial transit permit.

Certificate has been executed by the attending physician and completely death certificate assembly should be detached for use as a burial transit per

VS A15C 1-55 10M

copy

06176

6184

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	A, OSOAL REGIDENCE (HOME/ OF DECEASED
COUNTY And Arun MARYLAND	STATE L'a my and COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and give negrest town)
TOWN (in this place)	OR TOWN 7 9
COPATEL AND	279 11.4
HOSPITAL OR INSTITUTION OR	STREET (Iff rurel give location)
50 STREET ADDRESS	3908 Beach Avenua
3. NAME OF (First) (Middle)	
S. MARIE OF (Alisi) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print)	* , .
5. SEX   6. COLOR OR   7. SINGLE, MARRIED, 8. DATE	E OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS
RACE WIDOWED, DIVORCED,	Months Days Hours Min,
Specify Prairie	I 10 IUG YE. MORIES DAYS MORIES
10s, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
dona during most of working life, even if OR INDUSTRY	COUNTRY?
refired) Takif sa -	1.0.8
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1507 4 200	10.1.10 - 0.1.0.5
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	· * * * * * * * * * * * * * * * * * * *
Yes Unknown 166-01-3258	المراجع المراج
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
1/4 A A	ONSET AND DEATH
4-30, IMMEDIATE CAUSE (A) LACELO COLO	acies mulas cition
ANTECEDENT CAUSE(S) DUE TO	
7/	
GIVING RISE TO THE ABOVE CAUSE	32 (Caral 2)   1   1   1   1   1   1   1   1   1
STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
16 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES TO NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	218. With Color (Chy of Joen) (Ceenty) (21818)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?
M. at work at work	
29 7	1 00 12 51 00
22. I hereby certify that I attended the deceased from	19, 19, 55, to 23 July, 19, 55, that I last saw the deceased
alive on 2.3.1 way 19.65 and that death occurred	at \$2.56M, from the causes and on the date stated above.
SIGNATURE - 14	ADDRESS (Street, city, town, state) DATE SIGNED
He hert L. 1182 ASing a "Littere"	TALE SIGNED
THE DESIGNATION OF THE PARTY OF	14 3y 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C	OR CREMATORY LOCATION (City, town, or county) (State)
Transfer 7 - P.S 55	
7.0-00	2 Win top Been the
24. REC'D BY REGISTRAR DEGISTRAR STRUCTURE	25. FUNERAL-DIRECTOR'S SUGNATURED TO THE THE ADDRESS
DATE 17 197 7	The state of the s
DATE AND	4 3

. 9

06177

(Day)

(Year)

HE UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

YES

ADDRESS

NO

(State)

CITIZEN OF WHAT

COUNTRY?

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06178

# 6188 CERTIFICATE OF DEATH

Reg. Dist. No. 20

1.	PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	/ I man all'handel	DATE (I)
	COUNTY MARYLAND	STATE COUNTY ( . COUNT
	OR end gade neerest town) write RURAL . LENGTH OF STAY (in this place)	CITY (III outside corporate limits write RURAL and give nearest town) OR
$\perp$ $\times$	TOWN Judley KLOCY 7 41 42	TOWN sudley littlery
H	HOSPITAL OR	STREET (If rural give location)
1/-	INSTITUTION OR	ADDRESS
00	STREET ADDRESS	
3.	NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
	DECEASED [Type or Print]	DEATH LALLES TO
-	Comes that co	course pay 17 1103
5.	SEX 6. COPOR OR 7. SINGLE, MARRIED 8. DATE OF	
	N (Specify) Married 1 191	3 1893 6.2 yrs. Months Days Hours Min.
10		11. BIRTHPLACE (State or loreign country)   12, CITIZEN OF WHAT
1	dona during finest of working life, even if OR INDUSTRY	COUNTRY?
	rotired tarmer Tobacco	Reale . Md.
13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Tto allia vii.	1/2
15	Momas W Collinson	Vierenza / horchelon.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	2.10, 01 011.7	Thences Beard allenger
-	18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
1	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
17.	54X IMMEDIATE CAUSE (A) Cardiac	Tailaber Jour Days
' \	200 20	V SALAR SALA
1	ANTECEDENT CAUSE(S) DUE TO	Ann waster
G	SEASES OR CONDITIONS, IF ANY, (B) VING RISE TO THE ABOVE CAUSE	4.0
SI	ATING UNDERLYING CAUSE LAST. DUE TO	Alla T > Allana
	(a) Court	untimor of Declinal & Jeans
1 "	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	V
19	DATE OF OPERATION 196 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/9	CT 54 May 55 , All Kingson	(1.12 PARA) YES NO X
21		Ic/ WHERE DID INJURY OCCUR? (City or lown) (County) (State)
I OF	CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	
		EN. HOW DID INJURY OCCUR?
	While Not while	*
	M.   at work   at work   1	
2:	2. I hereby certify that I attended the deceased from Monce	19.5.5. to Hully 19.3.3, that I last saw the deceased
	alife on 1.3 Maly 19.5.5, and that death occurred at	7 . 1 2 2 7 7 1
	signature!	ADDRESS (Street, city, town, state) DATE SIGNED
1	11 1 1 1 1 1 1	Was Marie Carlos
	1 10 10 2 Values and	Mady Mary Maryon 1-19-35
23	BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (	CREMATORY LOCATION (Sity, lown, or county) (Slate)
1	1 1/2/20 01 60	745 d 1 5 Told .
24	REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	125. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
	41.1. 8. 1 9/1	The state of the s
DA	TE 1/14/55 Colic Wish Milliams	J. Cl. Statediging & Stoll ned

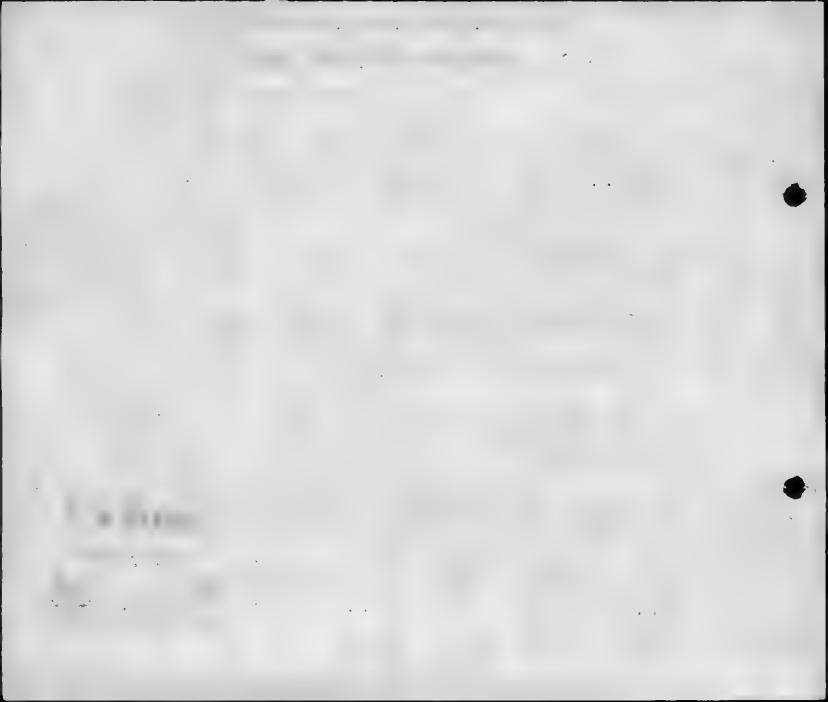


VS A15C 1-55 10M

#### CERTIFICATE OF DEATH 6162

Reg. Dist. No. 2/

COUNTY Anne Arundel  STATE Mary Land  COUNTY Anne Arundel  CITY (If outside composite limits, write RURAL town)  CITY (If outside composite limits, write RURAL town)  CITY (If outside composite limits, write RURAL town)  CITY (If outside composite limits, write RURAL and days massed town)  CITY (If outside composite limits, write RURAL and days massed town)  CITY (If outside composite limits, write RURAL and days massed town)  CITY (If outside composite limits, write RURAL and days massed town)  CITY (If outside composite limits, write RURAL and days massed town)  CITY (If outside composite limits, write RURAL and days massed town)  CITY (If outside composite limits, write RURAL and days massed town)  CITY (If outside composite limits, write RURAL and days massed town)  CITY (If outside composite limits, write RURAL and days massed town)  CITY (If outside composite limits, write RURAL and days massed town)  NOOTH NOOTH DESCRIPTION (CITY AND AND AND AND ENDINGERS)  JAME OF (Fore)  MAGDIAN OCCUPATION (Give Rind of work and of work and of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one during most of working life, even if relieved one even if life until even if life until even in life, even if relieved one even in life, even if relieved one even in life, even if relieved one even in life, even in life until even in life, even in life until even
CITY   It outside corporate limits, write RURAL   CRY   It outside corporate limits, write RURAL and give measest lown   OR and the neasest lown   O
TOWN Noth Severn   Noth Seve
HODINA INSTITUTION OR STREET ADDRESS U.S. Naval Homital (Institution of Street Address of Street Address (Institution of Street)    S. NAME OF BUSINESS (Institution of Street)   S. DATE (Monich) (Institution of Street)   S. SEX (Institution of Street)   S. DATE (Monich) (Institution of Street)   S. SEX (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. DATE OF BIRTH   S. AGE (Institution of Street)   S. AGE (Institution of Street)
STREET ADDRESSURS. Naval Fortist  STREET ADDRESSURS. Naval Fortist  STREET ADDRESSURS. Naval Fortist  Baby Boy  CCX  A. DATE (Monik)  Baby Boy  CCX  DEATH July 17  STREET ADDRESSURS  (Special)  To STREET ADDRESSURS  STREET ADDRESSURS  STREET ADDRESSURS  STREET ADDRESSURS  Baby Boy  CCX  A. DATE (Monik)  DEATH July 17  STREET ADDRESSURS  STREET ADDRESS OF CONDITIONS DEACHLY LEADING TO DEATH  STREET ADDRESS OR CONDITIONS DEACHLY LEADING TO DEATH  STREET ADDRESS OR CONDITIONS DEACHLY LEADING TO DEATH  STREET ADDRESS OR CONDITIONS DEACHLY LEADING TO THE DISTANCE ADDRESS  STREET ADDRESS OR CONDITIONS CONTRIBUTIONS  STREET ADDRESS OR CONDITIONS DEACHLY LEADING TO THE DISTANCE ADDRESS  STREET ADDRESS OR CONDITIONS DEACHLY LEADING TO THE DISTANCE ADDRESS TO CONDITIONS DEACHLY LEADING TO THE ADDRESS TO CONDITIONS DEACHLY LEADING TO THE DISTANCE ADDRESS TO CONDITIONS DEACHLY LEADING TO THE DISTAN
DECASED (Type or Print)  Baby Boy  CCX  DFATH July 17  19 55  S. SEX  C. COLOR OR  X. KACE  A. CALCE  A. C
S. SEX 6. COLOR OR RACE   7. SINGLE, MARKED, WIDOWTD, DIVORCED, (Specify)   8. DATE OF BIRTH   9. AGE lest birthday   17   19.55   10. USUAL OCCUPATION (Gave kind of work of done during most of working life, even it retired)   10. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country)   12. CITEZEN OF WHAT COUNTRY?   13. BIRTHPLACE (State or foreign country)   12. CITEZEN OF WHAT COUNTRY?   13. BIRTHPLACE (State or foreign country)   12. CITEZEN OF WHAT COUNTRY?   13. BIRTHPLACE (State or foreign country)   12. CITEZEN OF WHAT COUNTRY?   13. BIRTHPLACE (State or foreign country)   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. Grace Julia PATOSKEY   15. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   USNH Records   15. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   USNH Records   15. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   USNH Records   15. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   USNH Records   15. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   USNH Records   15. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   USNH Records   15. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   USNH Records   15. SOCIAL SECURITY NO.   15. SOCIAL SECUR
RACE   Specify   Property   Pro
10. USUAL OCCUPATION (Give kind of work done during most) of working life, even if relired)  10. KIND OF BUSINESS  11. BERTHPLACE (Sleite or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. FATHER'S NAME  ROY E CJX  5. WAS DECEASED EVER IN U. S. ARMED FORCES?  14. MOSTER'S MADE RACE Julia PATOSKEY  15. INFORMANT & ADDRESS  USNH Records  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  USNH Records  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN  ONSET AND DEATH  776  10. THE SIGNIFICANT CONDITIONS, IF ANY, [8]  GIVEN CRUSSED AND THE ABOVE CAUSE  DUE TO  DISEASES OR CONDITION CAUSING DEATH.  10. THE DEATH BUT NOT RELIED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF
done during most of working life, even if refired?  3. FATHER'S NAME  ROY E COX  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  USN'H Records  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  776  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY.  (B)  GIVEN OR RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  DUE TO  CO.  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  DISEASE OR CONDITION CAUSING DEATH.  98. DATE OF OPERATION  199. MAJOR FINDINGS OF OPERATION  190. MAJOR FINDINGS OF OPERATION  191. ACCIDENT WAS UNDERLYING 1 DEATH  191. ACCIDENT WAS UNDERLYING 1 DEATH  192. ACCIDENT WAS UNDERLYING 1 DEATH  193. THE REMEMBER OF INJURY (Month) (Dey) (Yeer) (Hour) While without without without all work of
Testived  3. FATHER'S NAME  ROY E COX  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no, or unk.] (If Yes, give wer or deles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  USN'H Records  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  16. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSE AND OF ANY (B)  OF TO  DISEASES OR CONDITIONS, F ANY (B)  GIVING RISE TO THE ABOVE CAUSE DUE TO  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C
Grace Julia PATOSKEY  S. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or deles of service)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  I DISEASES OR CONDITIONS, IF ANY.  GIVE TO THE ABOVE CAUSE (A)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  10 THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION AUSING DEATH.  (G)  (G)  (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  10 THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION AUSING DEATH.  (G)  (G)  (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  10 THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION AUSING DEATH.  (F)  (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  10 THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION AUSING DEATH.  (F)  (I) OTHER SIGNIFICANT CONDITION CAUSING DEATH.  (II) OTHER SIGNIFICANT CONDITION CAUSE OF DEATH.  (II) OTHER SIGNIFICANT CONDITION CAUSE OF DEATH.  (II) OTHER SIGNIFICANT CONDITION CAUSING DEATH.  (II) OTHER SIGNIFICANT CONDITION CAUSE OF DEATH.  (II) OTHER SIGNIFICANT CONDITION COURSED TO THE CONDITION COURSED TO THE COURSE OF THE
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no, or unk.]  (If Yes, give wer or delete of service)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  DISEASES OR CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING 10 19b. MAJOR FINDINGS OF OPERATION 10 19b. MAJOR FINDINGS OF O
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.)  (If Yes, give wer or delea of service)  IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GRYING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  196. MAJOR FINDINGS OF OPERATION  197. INFORMANT & ADDRESS  USN'H Records  INTERVAL BETWEEN ONSET AND DEATH  776  IMMEDICAL CERTIFICATION  INTERVAL BETWEEN ONSE
West of the political contribution
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  To the part of the above cause (a)  INTERVAL BETWEEN ONSET AND DEATH  To the death but not related to the Disease or Conditions contributing  To the death but not related to the Disease or Conditions contributing  To the death but not related to the Disease or Condition causing death  99. Date of operation  194. Major findings of Operation  20. Autopsy?  Yes No Contributing Cause Last.  10 The death but not related to the Disease or Condition causing death  99. Date of operation  195. Major findings of Operation  20. Autopsy?  Yes No Contributing Cause of Death  10 Finding of Indury street, office bidg., etc.)  11 Other significant conditions contributing to the Disease of Death  12 Disease or Condition Cause of Death  13 Disease or Condition Cause of Death  14 Disease or Condition Cause of Death  15 Disease or Condition Cause of Death  16 Disease or Condition Cause of Death  17 Disease or Condition Cause of Death  18 Disease or Conditions Cause Last.  19 Disease or Conditions Cause Last.  20 Disease or Conditions Cause Last.  21 Disease or Conditions Cause Last.  22 Disease or Conditions Cause Last.  23 Disease or Conditions Cause Last.  24 Disease or Conditions Cause Last.  25 Disease or Conditions Cause Last.  26 Disease or Conditions Cause Last.  27 Disease or Conditions Cause Last.  28 Disease or Conditions Cause Last.  29 Disease or Conditions Cause Last.  20 Disease or Conditions Cause Last.  21 Disease or Conditions Cause Last.  22 Disease or Conditions Cause Last.  23 Disease or Conditions Cause Last.  24 Disease or Conditions Cause Last.  25 Disease or Conditions Cause Last.  26 Disease or Conditions Cause Last.  27 Disease or Conditions Cause Last.  28 Disease or Conditions Cause Last.  29 Disease or Conditions Cause Last.  20 Disease or Conditions Cause Last.  20 Disease Or Conditions Cause Last.  26 Disease Cause Last.  27 Disease Caus
IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  To immediate cause  (A) Immediate cause  (B) Immediate cause  (A) Immediate cause  (B) Immediate cause  (C) Immediate cause  (
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  OUE TO  (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  99. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  OF CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  121d. TIME OF INJURY (Monith) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While et work et work et work 12 et work 21f. HOW DID INJURY OCCUR?  While Not while et work 17 et work 21f. HOW DID INJURY OCCUR?  All Time OF INJURY (Monith) (Day) (Yeer) (Hour) 3 et work 21f. HOW DID INJURY OCCUR?  All et work 17 et work 21f. HOW DID INJURY OCCUR?  All et work 17 et work 21f. HOW DID INJURY OCCUR?  All et work 17 et work 21f. HOW DID INJURY OCCUR?  All et work 17 et work 21f. HOW DID INJURY OCCUR?  All et work 17 et work 21f. HOW DID INJURY OCCUR?  All et work 18 et work 21f. HOW DID INJURY OCCUR?  All et work 21f. HOW DID INJURY
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  OF INDERLYING CAUSE LAST.  OF INDIRECTORY  OF INDIRECTORY  OF INDIRECTORY  OF INDIRECTORY  AND ALCO DENT WAS UNDERLYING OF INDIRECTORY  OF INDIRECTORY  OF INDIRECTORY  AND ALCO DENT WAS UNDERLYING OF INDIRECTORY  OF INDI
DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  DUE TO  (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  99. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH)  OF INJURY street, office bidg., etc.)  10d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURED  White   Not while   21f. HOW DID INJURY OCCUR?  White   Not whit
GIVING RISE TO THE ABOVE CAUSE LAST.  OUE TO  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  99. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO OF INJURY street, office bidg., etc.)  Ple. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  Ple. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  Ple. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  Ple. TIME OF INJURY (Month) (Dey) (Year) (Hour)   21e. INJURY OCCURED While   10b. While
(C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  99. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? YES   NO   OF INJURY Street, office bidg., etc.)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY Street, office bidg., etc.)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  99. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 2  No CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  19th Time OF INJURY (Month) 19th Time OF INJUR
DISEASE OR CONDITION CAUSING DEATH.  98. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?  196. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  197. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)  198. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY Street, office bidg., etc.)  199. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. AUTOPSY?  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OF INJURY OCCUR? (City or town) (County) (Slete)  190. ACCIDENT WA
99. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION   20. AUTOPSY) YES   NO   10. ACCIDENT WAS UNDERLYING   216. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)   21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   216. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)   21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   216. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)   21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   216. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)   21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   216. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)   21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   216. PLACE (Home, ferm, fectory, OF INJURY street, office bidg., etc.)   21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)  10. ACCIDENT WAS UNDERLYING   216. PLACE (Home, ferm, fectory, OF INJURY Street, office bidg., etc.)   21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Slete)
The ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, DR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.)    Country   Country
Compared to the deceased from 19.55   19.55
22. I hereby certify that I attended the deceased from 7-17
M.   et work     et work
22. I hereby certify that I attended the deceased from 7-17
alive on
M.C. BODGES ICH LO USN M.D. U.S. Naval Hospital, Annapolis, Ed. 7-17-55
13. (URAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county) (Stete)
Burial 7-18-55 Naval Academy Annapolis, Maryland
4. REC'D BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS A
ATE 7-19-55 1. Just Stuff Lacher on Chienarles Mil
The state of the s



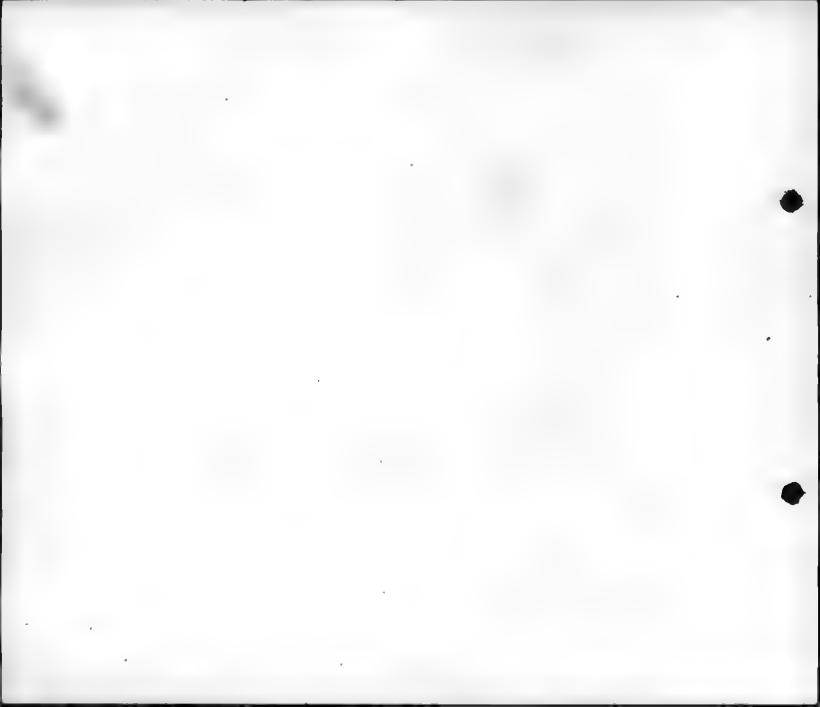
MARGIN RESERVED FOR BINDING

VS. A15-10-53

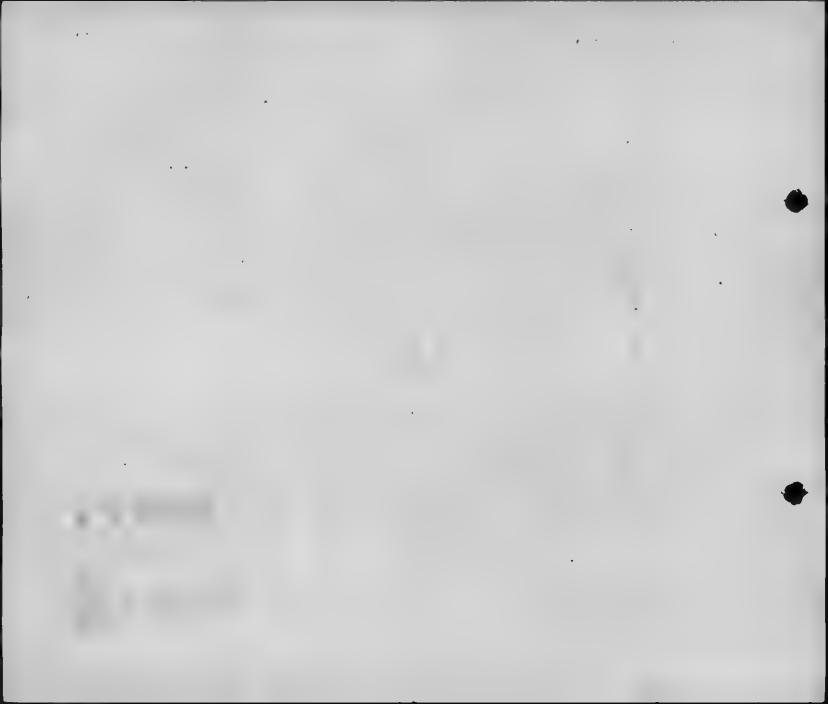
The

	Series period	حبيا
	S	ite
	G INK. Sup	e WT
	E5	P. B. S.
	Ž	pla
	'AL	38
	NE	cian
	) H	TVS
	III.	H
	*	ant
	ĬΊ	ort
	AIN	imi
	PL	IIV
ì	E	cia
	WRI	espe
	04	8/2 1 pm
	9	976
	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING	correct age is especially important. Physicians: please write t
	SE	COL
	EA	
	PL	

5153 CERTIFICATE	E OF DEATH Reg. Dist	. 140
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Anne Arundel MARYLAND	STATE Md. COUNTY	
CITY (If outside corporate limits, write RURAL CITY and give nearest town) Town ranapolis  CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL a OR TOWN Bal timore	ind give nearest town
HOSPITAL OR INSTITUTION OR Arundel Gen. Hosp.	STREET (If rural give location) ADDRESS 718 Lyndhurst St.	V
DECEASED: (Type or Print) ESTELLA R. DASHIE	GLL OF July	Day) (Year) 21, 19 55
female White (Specify) widowed Jan 28  OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): housewife at home  13. FATHER'S NAME:		Days Hours Min.
Wm. Bowen	Mallia Wilhelm	
R. WAS DECEMBED FORE IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.	Mollie Wilhelm	
(Yes, no, or unk.) (If Yes, give war or dates no no	Mrs. Charles Eackeles-718 Lyn	ndhurst St.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	al hemonhage oxlintu C. V. dislan	S. days
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	hitis melihis	
		1
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (Coun	YES NO D
	tory, 21c. WHERE DID (City or town) (Count injury occur?	YES NO NO



VS. A16A - 5 - 53





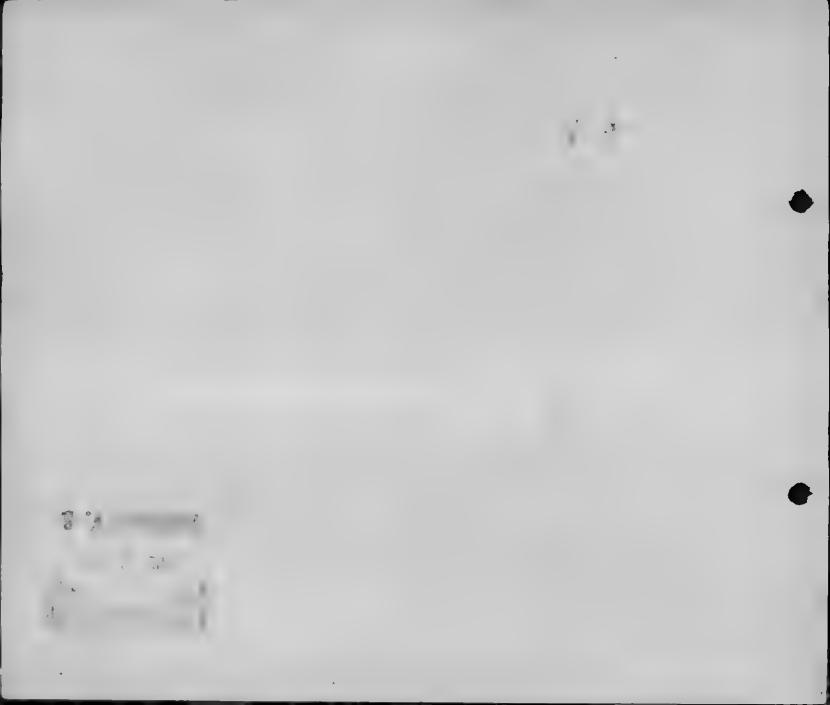
WELL

17. 17. 41.

# 6189 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

I. PLACE OF DEATH. COUNTY UNIVERSE (SECOND MARYLAND)	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearestrown)  TOWN  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this piece))	CITY (If outside corporete limits, write RURAL and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cakewood Rd.	STREET (If rural, give location)	6
3. NAME OF DECLASED (First) (Middle) Crype or Print) Hilles M Masseow &	berts SR. DATE (Month)	(Day) (Year)
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Justical	8. DATE OF BIRTH   9. AGE last hirthday   If under I	
ton, USUAL OCCUPATION (cive kind of work 10b. Kind of Business on don't during most of working life, even if retired / INDUSTRY	Salfund 12.	CITIZEN OF WHAT
13. FATHER'S NAME Esterts	Lokestial Relaffee!	
15. Was Decreased Even in U.S. Armed Forces? 16. Social Security No. (Yes, no, or unfatown) (If yes, give wer or dates of \$16-09-0657	Mrs Sylvia Erbert (coife	)
18. MEDICAL CE	RTIFICATION	
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	à.	INTERVAL BETWEEN ONSET AND DEATH
	1	1 A.
Immediate cause (6) Lo o-10 mary	reluser de	Ley
Antecedent cause (a)  Discesses or conditions, if any, giving rise to the chove cause stating the underlying cause lest  (c)  H. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the deeth but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No in
21. LXT JENAL CAUSE WAS CRIMARY OR CONTRIBUTING OF office bidg., etc.)  CAUSE OF DEATH.  INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m.	HOW DID INJURY OCCUR?	
SIGNATURE (Degree or title)	intopsy Inspection X. Inquiry & thereon and from a discount of the day stated above, and death in my of undetermined  ADDRESS  EVENUE: Island Busnie, W.S.	om the evidence pinion resulted  DATE SIGNED
L ILAI S. no (se)	RY OR CREMATORY LOCATION (City, town, or county	(State)
	emorial Park   Glen Burnie, Md.	
REGO LICE REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR HOpping and Kirkley, Glan Burnie	ADDRESS Md
	1 TONDETTE GIAG MILETONA OLIGIN CHINII W	n. A MAA



MARGIN RESERVED FOR BINDING

VS. A15A

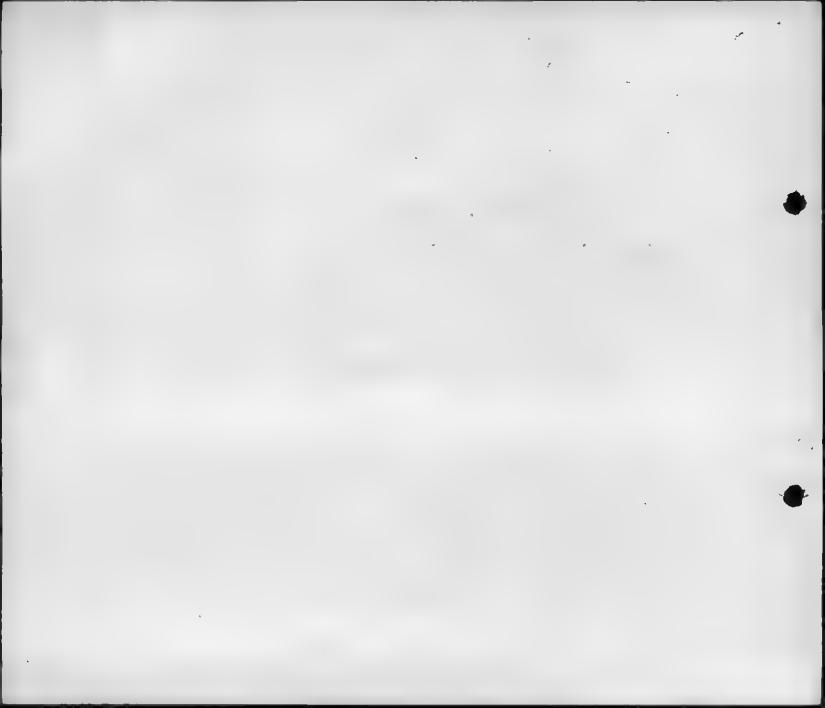
## MARYLAND STATE DEPARTMENT OF HEALTH

6190

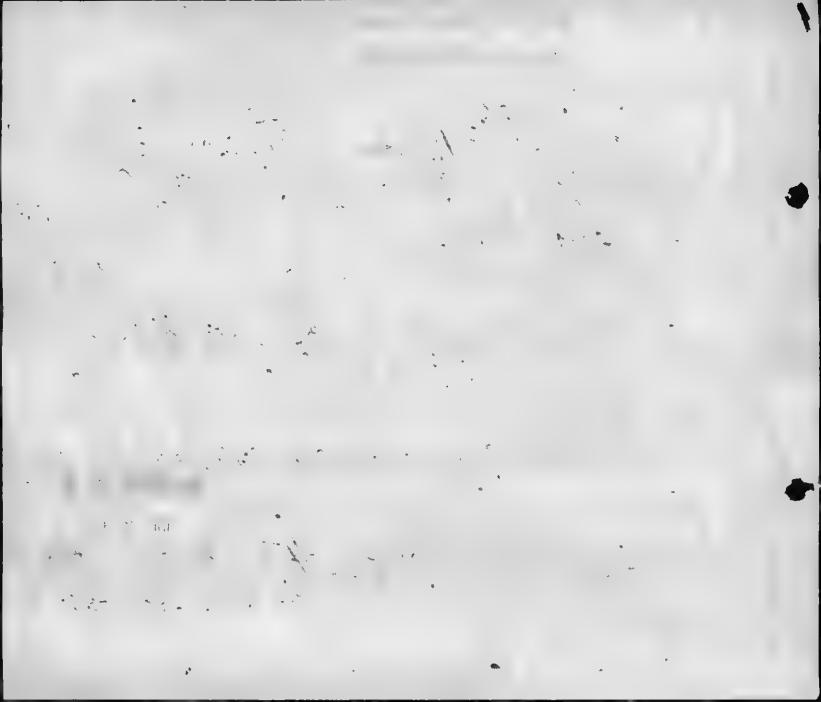
# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

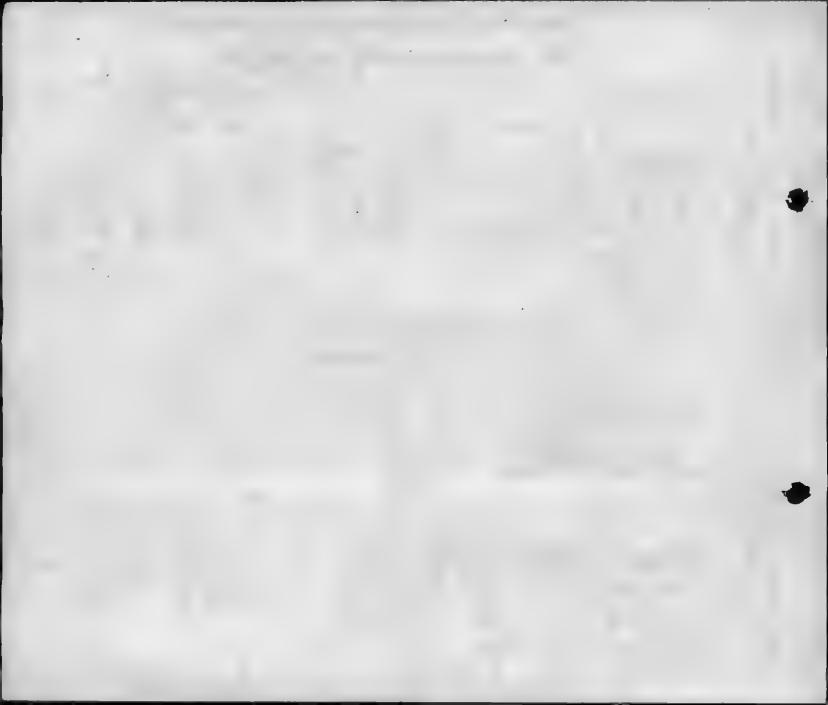
E)	FM-4	the Con-	
Reg.	DIST.	NO.	

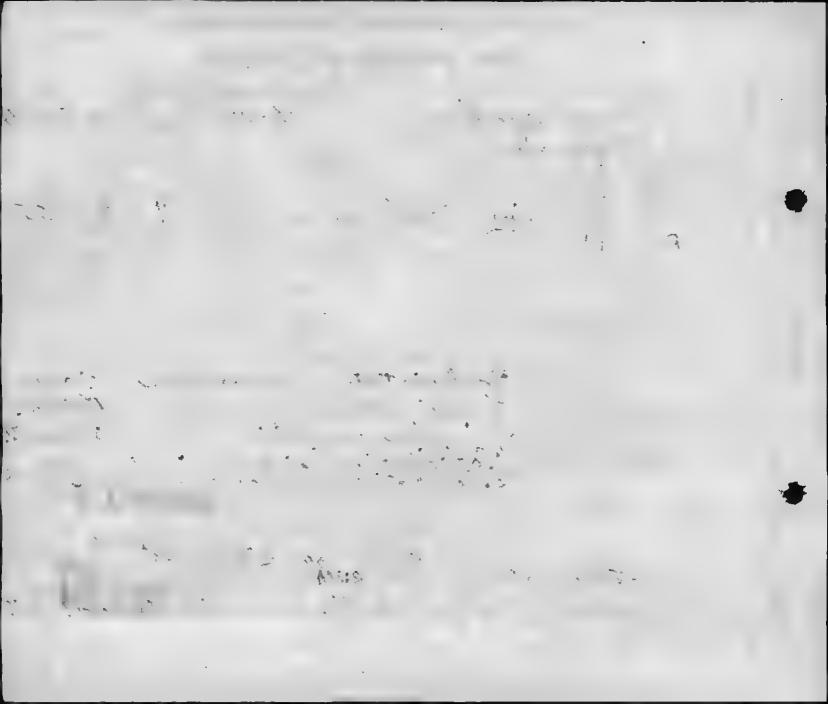
1. PLACE OF DEATH- COUNTY Arundel:  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN (If pearest trim), Pasadena  TOWN (If pearest trim), Pasadena  Interpretation of the pearest town)  TOWN (If pearest trim), Pasadena  Interpretation of the pearest town)  TOWN (If pearest trim), Pasadena  Interpretation of the pearest town)  Town (If outside corporate limits, write RURAL and give nearest town)  TOWN (If outside corporate limits, write RURAL and give nearest town)  TOWN (If outside corporate limits, write RURAL and give nearest town)  TOWN Baltimore  Interpretation of the pearest town (If outside corporate limits, write RURAL and give nearest town)  TOWN Baltimore  Interpretation of the pearest town (If outside corporate limits, write RURAL and give nearest town)  TOWN Baltimore  Interpretation of the pearest town (If outside corporate limits, write RURAL and give nearest town)  TOWN Baltimore  Interpretation of the pearest town (If outside corporate limits, write RURAL and give nearest town)  TOWN Baltimore  Interpretation of the pearest town (If outside corporate limits, write RURAL and give nearest town)  TOWN Baltimore  Interpretation of the pearest town (If outside corporate limits, write RURAL and give nearest town)  TOWN Baltimore  Interpretation of the pearest town (If outside corporate limits, write RURAL and give nearest town)  TOWN Baltimore  Interpretation of the RURAL and give nearest town (If outside corporate limits, write RURAL and give nearest town (If outside corporate limits, write RURAL and give nearest town (If outside corporate limits, write RURAL and give nearest town (If outside corporate limits, write RURAL and give nearest town (If outside corporate limits, write RURAL and give nearest town (If outside corporate limits, write RURAL and give nearest town (If outside corporate limits, write RURAL and give nearest town (If outside corporation (If outside corporation (If outside corporation (If outside corporate limits, write RURAL and give nearest town (If outside cor
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OF TOWN CITY III will be place)  Off the peacest twon. Pasadena  TOWN TOWN Baltimore  TOWN Baltimore  CITY (If outside corporate limits, write RURAL and give nearest town.)  Off the place of the place.  TOWN Baltimore  CITY (If outside corporate limits, write RURAL and give nearest town.)  TOWN Baltimore  CITY (If outside corporate limits, write RURAL and give nearest town.)  TOWN Baltimore  CITY (If outside corporate limits, write RURAL and give nearest town.)  TOWN Baltimore  CITY (If outside corporate limits, write RURAL and give nearest town.)  TOWN Baltimore  CITY (If outside corporate limits, write RURAL and give nearest town.)  TOWN Baltimore  (If rural, give location.)  (If ural, give location.)  (If rural, give location.)
TOWN Great Haven, Pasadona 1 three place)  HOSPITAL OR HOSPITAL OR FOR HOSPITAL OR HOSPITAL OR JAME OF (First) (Middle)  OF DECKASED (Type or Print)  STREET ADDRESS  NAME OF (First) (Middle)  OF DECKASED (Type or Print)  OF DECKASED (Type or Print)
HOSPITAL OR INSTITUTION OR A STREET ADDRESS  Stoney Creek  Stoney Creek  STREET ADDRESS  ACIDOR St.  ANALOF DECRASED (Type or Print)  William F. Eichner  Special Marked Dr.  Wilder Mar
INSTITUTION OR STREET ADDRESS  Storey Crack  3/2 S.Calhoun St.  (Lat)  4. DATE (Month) (Day) (Year) DECEASED (First)  6. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED (Special Section of Wildwell), DIVORCED, (Special Section of Wildwell), DIVORCED, (Special Section of Wildwell), DIVORCED, (Special Section of Organization of Wildwell), DIVORCED, DIVORCED, (Special Section of Organization of Wildwell), DIVORCED, DIVORCED, DIVORCED, ORGANIZATION (Special Section of Organization of Wildwell), DIVORCED, DIVORCED, DIVORCED, DIVORCED, DIVORCED, ORGANIZATION (Special Section of Organization of Wildwell), DIVORCED,
3. NAME OF OF PINTS  S. NAME OF DECEASED William F. Eichner  6. COLOR OR RACE TO SINGLE, MARRIED OF DEATHURY 23rd, 1955  10a. USUAL DECUPATION (Give kind of work UDOWED, OSE OF OPERATION)  10a. USUAL DECUPATION (Give kind of work UDOWED, OSE OF OPERATION)  10a. USUAL DECUPATION (Give kind of work UDOWED, OSE OF OPERATION)  10b. KIND OF BUSINESS OR 11. BINTHPLACE (State or foreign country)  11. MOFRIER'S MAIDEN NAME  12. CITIZEN OF WHAT  14. MOFRIER'S MAIDEN NAME  15. WAS DECRASED EVER IN U.S. ARRED FORCES?  16. WAS DECRASED EVER IN U.S. ARRED FORCES?  17. INFORMANT  18. MEDICAL CERTIFICATION  19. OTHER SIGNIFICANT CONDITIONS Conditions on the death but not related to the disease or conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  19b. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  19c. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSYT
S. NAME OF BECASED (Middle) (Last) 4. DATE (Month) (Day) (Year) DECASADD (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIAL DECUPATION) (Give kind of work done during most of working life, even if retired) 196. Kinn or Business or 11. Birthplace (State or foreign country) 12. Citizen of What Macon 196. Kinn or Business or 11. Birthplace (State or foreign country) 12. Citizen of What Macon 196. Kinn or Business or 11. Birthplace (State or foreign country) 12. Citizen of What Macon 196. Kinn or Business or 11. Birthplace (State or foreign country) 12. Citizen of What Macon 196. Kinn or Business or 11. Birthplace (State or foreign country) 12. Citizen of What Macon 196. Kinn or Business or 11. Birthplace (State or foreign country) 12. Citizen of What Macon 196. Was Deceased Ever in U.S. Armed Forces 196. Social Security No. 17. Informant Harriett and Poggy Eichner (daughters) 18. Medical Certification 196. Macon 196. Kinn or Business or 196. Social Security No. 17. Informant Harriett and Poggy Eichner (daughters) 18. Medical Certification 196. Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or 196. Macon 196. Kinn or Business or Conditions of the Macon 196. Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or Business or Conditions of the Macon 196. Kinn or B
(Type or Print)  (Type
6. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specific properties) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or 11. Birthplace (State or foreign country) 11. Birthplace (State or foreign country) 12. Citizen of What Industry 13. FATHER'S NAME 16. Was Decased Even in U.S. Ameno Forces? 16. Social Security No. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of Navy) 18. Medical Certification 19. Age of the showe cause stating the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition countributing the desta but not related to the disease or condition condition condition conditions of the desta but not related to the disease or condition co
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kinn of Business or 11. Birthplace (State or foreign country)  12. Citizen of What Industry  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Decreased Ever in U.S. Asmed Forces?  16. Social Security No. 17. Informant  (Yee, no or unknown) (if yee, give war or dates of service)  17. Informant  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. Accidental Drawning  Aniecedeni cause(s)  Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last  (e)  11. UTHER SIGNIFICANT CONDITIONS  Conditions contributing in the death hull not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSYT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  11. BIRTHPLACE, State or foreign country)  12. CITIZEN OF WHAT PLACE (State or foreign country)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECRASED EVER IN U.S. Asmed Forces?  16. Social Security No.  17. INFORMANT  Harriett and Poggy Eichner (daughters)  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Accidental Drawning  Animediate cause  Animediate cause  (a)  Accidental Drawning  Sudden  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSYT
15. WAS DECEASED EVER IN U.S. ASMED FORCES? (Yee, no. or unknown)   (If yee, give war or dates of last medical certification   17. INFORMANT   Harriett and Peggy Eichner (daughters)    18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   19. Medical cause   (a)   Accidental Drawning   Sudden    Antecedent cause(s)   Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last   (c)    11. OTHER SIGNIFICANT CONDITIONS   (c)    12. INFORMANT   Harriett and Peggy Eichner (daughters)    INTERVAL BETWEEN ONSET AND DEATH   Sudden    INTERVAL BETWEEN ONSET AND DEATH   (c)    11. OTHER SIGNIFICANT CONDITIONS   (c)    12. INFORMANT   (daughters)   (daughters)    INTERVAL BETWEEN ONSET AND DEATH   (daughters)    INTERVAL BETWEEN
15. WAS DECRASED EVER IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT (Yee, no or unknown)] (If yee, give war or dates of Harriett and Peggy Eichner (daughters)  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1. Immediate cause (a) Accidental Drawning Sudden  Antecedent cause(s) Diseases nr conditions, if any, giving rise to the shove cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20, AUTOPSY!
15. Was DECRASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war or dates of service)  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1. Interval Between Onset and Death  1. Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY!
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of lase voice)  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1. Immediate cause  (a) Accidental Drawning  Antecedent cause(8) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?
Is. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Accidental Drawning  Antecedent cause(B)  Diseases nr conditions, if any, (b) giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY!
Interval Between Onser and Death  Antecedent cause (a) Accidental Drawning Sudden  Antecedent cause(B) Diseases nr conditions, if any, (b) giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY!
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    Immediate cause
Immediate cause  (a) Accidental Drawning  Antecedent cause(8)  Diseases nr conditions, if any, (b) giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY!
Antecedent cause(8)  Diseases nr conditions, if any, (b) giving rise to the shove cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY:
Antecedent cause(s)  Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last  [e]  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY!
Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY!
giving rise to the shove cause stating the underlying cause last  (e)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY!
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION 19s. MAJOR FINDINGS OF OPERATION 20. AUTOPSY!
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION 19s. MAJOR FINDINGS OF OPERATION 20. AUTOPSY:
Conditions contributing in the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY!
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY!
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,   (CITY OR TOWN) (COUNTY) (STATE)
21. EXTERNAL CAUSE WAS PRIMARY A OR CONTRIBUTING OF CHORD, farm, factory, street, CAUSE OF DEATH.  CAUSE OF DEATH.  CHORD, farm, factory, street, Creek Green Haven  County (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?
OF While at Not while
INJURY 7/23/55 5 P. m.   work   at work   Drowning
22. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection . Inquirum thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted
from: natural causes , accident , suicide , homicide , undetermined .  SIGNATURE , DATE SIGNED
I / / MARIE
Herstool Athersoll Examiner Glen Burnie, Md. 7/24/55
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (Clay, town, or county) (State)
Busies 17/29/55 W & national Batto Md
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR // ADDRESS
REG. 1 Walters
Pratto Stricker St. Palto Med

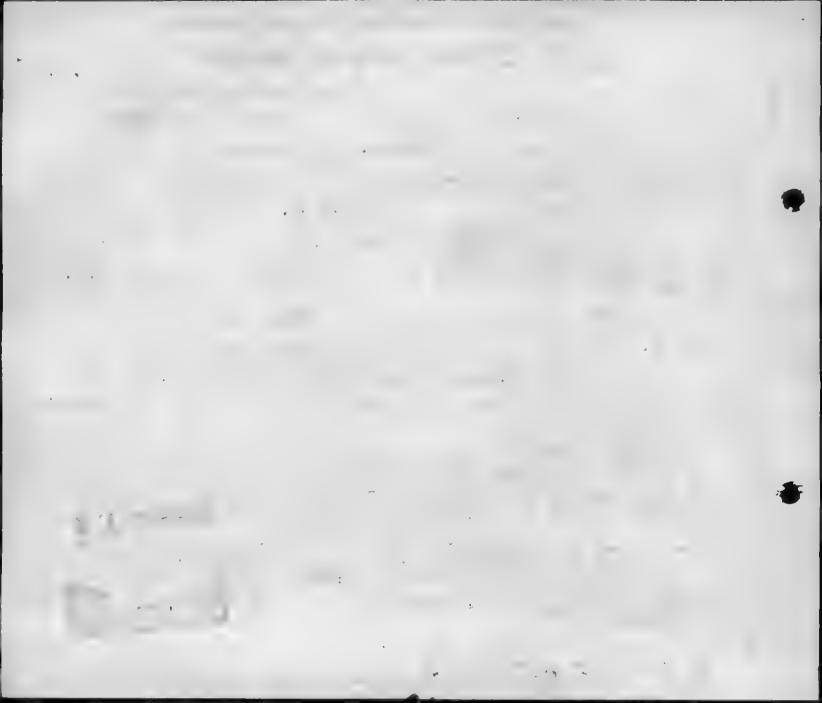














### this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After ö 06191 copy CERTIFICATE OF DEATH 6195 death. Reg. Dist. No..... third after 1. PLACE OF DEATH USUAL RESIDENCE (HOME) OF DECEASED Ф hours a COUNTY COUNTY MARYLAND LENGTH OF STAY CITY (if outside corporete limits, write RURAL and give neerest town) (If outside corporete limits, write RURAL director, and give nearest lewn) (in this place) TOWN TOWN d HOSPITAL OR STREET (If rurel give location) INSTITUTION OR **ADDRESS** within funeral STREET ADDRESS (Month) (Dev) 3. NAME OF (First) (Middle) (Lest) 4. DATE (Yeer) DECEASED OF registrar DEATH fhe (Type or Print) 1950 IF UNDER 1 YEAR LIF UNDER 24 HRS S. SEX COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE lest birthdey è WIDOWED, DIVORCED. RACE Months Hours (Specify) VIS. .E KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT 10e, USUAL OCCUPATION (Give kind of work OR INDUSTRY COUNTRY? done during most of working life, even if THERE Filed 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME letely physician, comp 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or detes of service) and INTERVAL BETWEEN 18, MEDICAL CERTIFICATION or attending 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death IMMEDIATE CAUSE use DUE TO ANTECEDENT CAUSE(S) DIRECTOR: The law requires that the attending pt DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE ATTENDING PHYSICIAN OR HOSPITAL: he bottom copy may be refaired by the hospital DUE TO STATING UNDERLYING CAUSE LAST. detached II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASE OR CONDITION CAUSING DEATH. 20. AUTOPSY? 200 196, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION YES NO (3 110 arcenoma ate has been executed by certificate assembly should 21c. WHERE DID INJURY OCCUR? (City or town) 210, ACCIDENT WAS UNDERLYING [] 21b. JSACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.) (County) (State) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) (Year) (Hour) 216. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work et work 19.0 Q., 10.. Sula 1.7 .... 19 D. that I last saw the deceased 22. I hereby certify that I attended the deceased from 4. 9.30 M, from the causes and on the date stated above alive on Much and that death occurred FUNERAL ADDRESS (Street, city, town, state) SIGNATÚRE DATE SIGNED 10M The bottom certificate ጊ ቧ M.D. death NAME OF CEMETERY OR CREMATORY (OCATION (City, town, or county) (Stete) BURIAL, CREMATION, DATE THEREOF A15C REMOVAL (SPECIFY) 25. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR RICES LAR'S SIGNATURE **ADDRESS** 7-25-55 DATE



After this

within 72 hours after death. After funeral director, the third copy of

registrar by the fi

in a

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

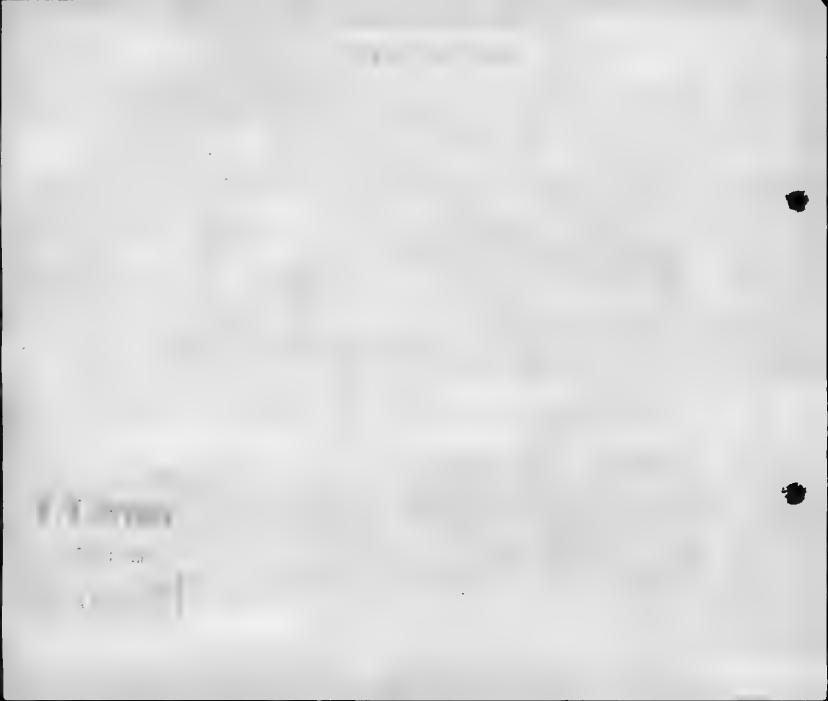
after death.

# OR HOSPITAL: The law requires that the death certificate TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be refained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6198 CERTIFICATE OF DEATH 06192

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frame HrundlemaryLane	state Maryland county Anne Arundel
CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest town) (in this place)	AY CITY (If outside corporate limits, write RURA) and give seerest town
X TOWN (Len Survey)	or Townglen Rurnie X
HOSPITAL OR COLON ON A PART OF THE PROPERTY OF THE PART OF THE PAR	(If rural give location)
9 STREET ADDRESS WAR TO TOLITE 1	ADDRESS 2815 Presstman Street
3. NAME OF (First) (Middle)	(last) 4. DATE (Month) (Dey) (Year)
(Type or Print)	HARDY DEATH Wiles of 16
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE last birthdey , IF UNDER 1 YEAR   IF UNDER 24 HR:
RACE WIDOWED, DIVORCED,	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	D-14 Th e-1881 /4 yrs.   12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY relisted)  OR INDUSTRY	COUNTRY?
13. FATHER'S NAME	Paltimore U.S.A.
Colmon Macrons	
SO LMAN TRAVOTS  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY	Mary Wheller (NO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or datas of service)	
18. MEDIC	Roland Hardy 531 W. Woffman St.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
422 IMMEDIATE CAUSE (A)	
ANTECEDENT CAUSE(S) DUE TO	sint condience succession
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1.
STATING UNDERLYING CAUSE LAST, DUE TO	BU1E40C
ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	2. (2.2.2)
DISEASE OR COND TION CAUSING DEATH,	12 12 11 101 117
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING   21b PLACE (Home, farm, factory,	21c, WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	
M, at work to et work	
22. I hereby certify that I attended the deceased from	
	urred at
SIGNATURE 23	ADDRESS (Street, city, lown, state) DATE SIGNED
MA SALLE MA	10. N L GEV BIR JE 1 610 7/96/55
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or county) (Stata)
	burn Cem.   Paltimore Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
partosela 28 1955 Louis 7. A. Alla.	Elroy O. Wilson 1000 Brantley ave.



DATE

METRUCTIONS

this

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 0407

06193

NASHILLON OR STREET ADDRESS  NASHULTON OR STREET ADDRESS  NAME OF DEATH  SINGE, RAKRED, (San)  SINGE, RAKRED,	619:		. OI DIA	Reg. I	Dist. No. 28
CITY (If out it a company limit, wise RURAL and give newest lown)  ON wish on any set from  ON wish of a company limit, wise RURAL and give newest lown)  ON wish of a company limit, wise RURAL and give newest lown)  ON wish of a company limit, wise RURAL and give newest lown)  ON WISH AND COMPANY  ON WISH AND COMPANY  ON STREET, ADDRESS  STREET, ADDRESS  ON INDUSTRY  ON AND OF STREET, ADDRESS  ON INDUSTRY  ON INDUSTRY  II. BRITHPLACE State or foreign country)  III. BRITHPLACE State or foreign country  III. BRITHPLACE State or foreign count	1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEA	SED
CITY (If our flat concents limits, write RURAL of Property County)  COUNTY (If the place)	COUNTY A.M.	MARYLAND	I mid	COLLEGE	
OR and give negret lown)  OR AND DESTAL OR STREET ADDRESS (If green and pleases)  OR STREET ADDRESS (If green and pleases)  OR STREET ADDRESS (If green and pleases)  OR AND DESTAL OR STREET ADDRESS (If green and pleases)  OR AND DESTAL OR STREET (Month)  OR AND DE	CITY (If ours de corporate limits, write RURAL				neerest town
ANDRESS  3. NAME OF DECEASED (1997)  DECEASED (1998)  3. NAME OF DECEASED (1997)  DECEASED (1998)  3. NAME OF DECEASED (1997)  3. NAME OF DECEASED (1998)  3. NAME OF SEATH  DECEASED (1998)  D	OR and give naturest fown)	(in this place)	OR 77 /7	imme	3V01-4
DEATH  DEATH  Security  Se	INSTITUTION OR TI	lestel		Mesher It.	este s
DISCASES OR CONDITIONS DIRECTLY LEADING TO DEATH   10. SOCIAL SECURITY NO.   17. INFORMANY & ADDRESS   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATION   19. MEDIC	DECEASED	Hisking.	(Last)	OF #\$	(Day) (Year)
14. MOTHER'S MARKER   15. WAS DICEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unit.)   16. SOCIAL SECURITY NO.   17. INFORMANCY & ADDRESS   16. SOCIAL SECURITY NO.   17. INFORMANCY & ADDRESS   18. MEDICAL CERTIFICATION   1	Server Colored (Specify)	ED_DIVORCED,	OF BIRTH 9.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unit.)  IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IDISEASES OR CONDITIONS, IF ANY, (B)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GYNING RISE TO THE ABOVE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS CONTRIBUTION  (C)  II OTHER SIGNEFICANT CONDITIONS CONTRIBUTION  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION AUSING DEATH.  19. DATE OF OPERATION  19. ACCIDENT WAS UNDERLYING  OF INJURY street, office bidgs, etc.)  IF ETHER, NOTIFY MEDICAL EXAMINER;  AND AND CONTRIBUTING CAUSE OF DEATH  M. While  AND CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bidgs, etc.)  IF ETHER, NOTIFY MEDICAL EXAMINER;  AND CONTRIBUTING CAUSE OF DEATH  AND CONTRIBUTING CAUSE OF DEATH  OF INJURY STREET, CHORD CONTRIBUTION  (State)  AND CONTRIBUTING CAUSE OF DEATH  OF INJURY STREET, CHORD CONTRIBUTING CAUSE OF DEATH  OF INJURY STREET, CHORD CONTRIBUTION  (State)  AND CONTRIBUTION, COURT (City or town)  (County)  (State)  DATE SIGNATURE  AND CONTRIBUTION, TO COUNTY)  (STATE OF CONTRIBUTION, TO COUNTY)  AND CONTRIBUTION, TO COUNTY)  AND CONTRIBUTION  (STATE OF CONTRIBUTION, TO COUNTY)  AND CONTRIBUTION, TO COUNTY)  (STATE OF CONTRIBUTION, TO COUNTY)  AND CONTRIBUTION, TO COUNTY)  AND CONTRIBUTION  (STATE OF CONTRIBUTION, TO COUNTY)  AND CONTRIBUTION  (STATE OF CONTRIBUTION COUNTY)  (STATE OF COUNTY COUNTY)  (STATE OF COUNTY COUNTY)  (STATE OF COUNTY COUNTY COUN	done during most of working life, even if retired)		De		12. CITIZEN OF WHAT COUNTRY?
(Yes, no, or unk.)  (If Yes, give war or dates of service)  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,  (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE  LOS TATING UNDERLYING CAUSE LAST,  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASES OR CONDITION CAUSING DEATH  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. WHERE DID INJURY OCCUR? (City or lown)  County)  To THE DEATH BUT WAS UNDERLYING (COUNTY MAD CAUSE)  OR CONTRIBUTING (CAUSE OF DEATH OF INJURY intest, office bidg., stc.)  21c. WHERE DID INJURY OCCUR? (City or lown)  (County)  (Start)  22c. I hereby certify that I attended the deceased from the at work  alive on the causes and on the date stated above.  SIGNATURE  M. D.  REMOVAL (SPECIFY)  AND OR CONTRIBUTION,  FREMOVAL (SPECIFY)  DATE THEREOF  NAME OF CEMETERY OR CREMATORY  NAME OF CEMETERY OR CREMATORY  LOCATION (City, lown, or county)  (Signature)  NAME OF CEMETERY OR CREMATORY  LOCATION (City, lown, or county)  (Signature)  NAME OF CEMETERY OR CREMATORY  LOCATION (City, lown, or county)	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME 9	, ,
ONSET AND DEATH    ANTECEDENT CAUSE(S)   DUE TO		16. SOCIAL SECURITY NO.	17. INFORMANT & AD	Hoker St	alterine
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  (B)  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISFASE OR CONDITION CAUSING DEATH.  19 DATE OF OPERATION  19 MAJOR FINDINGS OF OPERATION  19 MAJOR FINDINGS OF OPERATION  20. ANTOPSY  YES NO  21 ACCIDENT WAS UNDERLYING  OF INJURY street, office bidg., etc.)  21 ACCIDENT WAS UNDERLYING  OF INJURY street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  21 ACCIDENT WAS UNDERLYING  OF INJURY street, office bidg., etc.)  OF INJURY Street, office bidg., etc.)  OF INJURY OCCURED  While at work at work  ANDRESS (Street, city, lown, stele)  DATE SIGNATURE  A. DATE THEREOF  NAME OF CEMETERY OR CREMATORY  NAME OF CEMETERY OR CREMATORY  NAME OF CEMETERY OR CREMATORY  LOCATION (City, lown, or county)  (Sie  OCCURTED AND ACCURTED ACCURTED AND ACCURTED AND ACCURTED AND ACCURTED AND ACCURTED AND ACCURTED AND ACCURTED ACCURTED AND ACCURTED AND ACCURTED ACCURTED ACCURTED AND ACCURTED	I DISEASES OR CONDITIONS DIRECTLY LEADING TO D	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. ACTOPSY YES NO R. ACCIDENT WAS UNDERLYING OF INJURY street, office bidgs, etc.)  (FITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) While at work at work at work at work.  22e. I hereby certify that I attended the deceased from		Herof Jacks	are,		26 Bake
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.) (If either, Notify Medical Examiner)  21c. Where DID INJURY OCCUR? (City or town) (County) (State)  County)  (State)  21c. Where DID INJURY OCCUR? (City or town) (State)  ADDRESS (Street, city, town, stele)  DATE SIGNATURE  NAME OF CEMETERY OR CREMATORY  NAME OF CEMETERY OR CREMATORY  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county) (State)  County) (County) (County) (County) (State)  County) (County) (Cou	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO				4
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  (State) OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., etc.)  21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?   While   At work   at work   at work   at work   at work   ADDRESS (Street, city, town, stele)   DATE SIGNATURE  22. I hereby certify that I attended the deceased from   1967   1978	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
22. I hereby certify that I attended the deceased from alive on 1955, and that death occurred at 1956, the causes and on the date stated above.  SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY  1955 NAME OF CEMETERY OR CREMATORY  1955 NAME OF CEMETERY OR CREMATORY  1956 NAME OF CEMETERY OR CREMATORY  1957 NAME OF CEMETERY OR CREMATORY  1958 NAME OF CEMETERY OR CREMATORY	190. DATE OF OPERATION 196. MAJOR FINE	DINGS OF OPERATION			
M. While at work M. In the causes and on the date stated above.  ADDRESS (Street, city, town, stele)  DATE SIGNATURE  A.D.  A.D	218. ACCIDENT WAS UNDERLYING   21b. PLACE OR CONTRIBUTING   CAUSE OF DEATH OF INJURY OF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	County) (State)
alive on	, , , , , , , , , , , , , , , , , , , ,	While Not while	21f. HOW DID INJURY OCCUR?		
ADDRESS (Street, city, town, stele)		/ 1	LA CO	(5-5-79 th	at I last saw the decease
23. BURIAL, CREMATION, DATE THEREOF, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  Surrial  7-19-55  Thereof  7-19-55  Thereof  T	SIGNATURE	line 1	at. M. from the car	uses and on the date s	tated above.
	REMOVAL (SPECIFY)		R CREMATORY	LOCATION (City, town, or co	sunty) (Stete)
2/10/20 616 41 0-0 412 412		ATURE		1 >	ADDRESS



INSTRUCTIONS

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

6193

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06194

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	•	
county Anne Arundel MARYLAND	STATE Maryland COUNTY Balt	imore City	
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give nee	rest town)	
OR end give neerest town)  X TOWN Crownsville Lyr. 8mos. 11 d	ys TOWN Baltimore City	2 YO 1-4	
HOSPITAL OR	STREET (If rurel give location)		
// STREET ADDRESS Crownsville State Hospital	ADDRESS		
3. NAME OF (First) (Middle)	3316 Hawkins Point Ro (Lest) 4. DATE (Month)	(Dey) (Yeer)	
DECEASED	OF	(Del) (reel)	
	Hearn DEATH 7	7 19 55	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF			
	known 72? yrs. Months	Deys Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (Steta or foreign country) 12	CITIZEN OF WHAT	
done during most of working life, even if OR INDUSTRY retired Unknown Unk.	Maryland	COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0. 0.	
John Parker	Georgia Parker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
(Yes, no, or unk.) (If Yes, give war or dates of service) Unk. Unk.	Hospital Records		
18. MEDICAL CERTIFICATION INTERVAL BETWEEN			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
14.43X IMMEDIATE CAUSE (A) Hypertensive Cardio	vascular Disease		
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO			
(C) (C)			
VII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. CNS Syphilis - Pay	rchos <b>is</b>		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		YES NO	
21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., atc.)	1c. WHERE DID INJURY OCCUR? (City or town) (Coun	ity) (State)	
	211, HOW DID INJURY OCCUR?		
M. et work et work			
22. I hereby certify that I attended the deceased from	, 1955, to7/7	last saw the deceased	
	4.23.0pM, from the causes and on the date state		
//sign/arure	ADDRESS (Street, city, fown, stele)	DATE SIGNED	
Ankalelara Heard Kologn	_ Crownsville, Md.	7/8/55	
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, Jown, or county	) (State)	
REMOVAL (SPICIFY)	rue Cometons ( ), a B	. Ma	
24 REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE   25, FUNERAL DIRECTOR'S SIGNATURE   ADDRESS			
DATE ? Valueme dye &	15 A. 182 19 17	11 1 12 P	
///////////////////////////////////////			



6199

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

correct The I. PLACE OF DEATH-COUNTYAnne Arundel MARYLAND carefully. CITY (If outside corporate limits, write RURAL and LENGTH OF STAY Town give ne Carvel Beach lin yhis place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 422 Carvel Beach Rd death clearly an 3. NAME OF DECEASED Christian Hebarlain (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWOO 5. SEX 6. COLOR OR RACE Silver Politsher Ret. Stiell VO. 10b. KIND OF BUSINESS OR Supply every item write the causes of 13. FATHER'S NAME Karl Heberlein 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yes. no, or unknown) (If yes, give war or hites of 215-01-7075 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Coronary Occlusion Immediate cause ZH Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. , WITH i 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLAINLY, seepecially i TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autor . . . Inspection [ Inquiry ] thereon and from the evidence from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) Deputy Medical THE OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) BURIAL, CREMATION DATE THEREOF EAS REMOVAL (Specify) Parkwood Cemetery DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR -REG. Leonard J. Ruck

2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) Same TOWN STREET ADDRESS (If rural, give location) Same (Last) 4. DATE (Month) (Day) (Year) July 22 1955 DEATH 9. AGE last birthday | If under I year | If under 24 brs. | Months | Days | Hours | Min. 8. DATE OF BIRTH 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Germany 14. MOTHER'S MAIDEN NAME Gertrude 17. INFORMANT Mrs. Carlton Freff (daughter) INTERVAL BETWEEN ONSET AND DEATE Sudden 20. AUTOPSY? Yes [] (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted DATE SIGNED Glen Burnie Md. (State)

Baltimore.

5305 Harford Road #11

FOR MARGIN RESERVED ONFADING I 回 WRITI

'n

age



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6300

CERTIFICATE OF DEATH

FOR MEDICA	L EXAMINERS Reg. Dist. N	0
I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	
Appa Arundal Maryland	SATE	-
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give pages town) TOWN Severn	CITY (If outside corporate limits, write RURAL and gi	
HÖSPITAL OR INSTITUTION OR	STREET (If rural, give location)	X
OSTREET ADDRESS Washington Ave.	ADDRESS Same	***
3. NAME OF (First) (Middle) DECEASED (Type or Print) Charles Edwin Hickerson	(Last) 4. DATE (Month) OF DEATH July	(Day) (Year) 21st.1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under Months	I year (If under 24 br)
M (SpecifyManyafad)	110/11/85   60 yrs.	
Returned TBZ Operation to a street of District Training	II. BIRTHPLACE (State or foreign country) ng School. Brooklyn, N. Y.	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William H Hickoron  15. Was Decrased Even in U.S. Arred Forces?   16. Social Security No.	? UNKNOWN-	
16. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT	
Intervice) NO	Mrs.Anna H.Hickerson, (Wife)	
18. MEDICAL CI	ERTIFICATION	INTERVAL BUTWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Coronary Occlusion	on	\$udden.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Appending the country is now excess while Analysis are selected while the country of the country	rais. 1858 1857 Head of the american territoria.
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20, AUTOPSY?
		Yes No 🗟
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY	
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY m.   work   at work		
22. I certify that I took charge of the remains described above, held an abtained by said Autopsy, Inspection or Inquiry, find that said decorprom: natural causes . accident ., suicide ., homicide ., SIGNATURE (Degree or title)	eased died on the day stated above, and death in my	from the evidence opinion resulted
Demity Medica	1	- landre
Y USBAL TO TOUTE THEREOF INAME OF CEMETE	Glen Burnie, Md.	1/22/55
July 38, 195 White Maron	Ch. Cemetry Lawren Vy County Var	enty Va
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS THE
MU 23 1958 Z X / CLEBA	INITTINGELLAND -KILLI	M-SCOMALE.





correct

cmrefully.

legibly.

and

clemrly

**de**■th

E. .

0

causms

Write

O

Physicians:

importunt.

especially

07

AINLY,

PL

WRITE

SE

PLEA

21. ACCIDENT

INJURY

alive on .

SIGNATUR

SUICIDE HOMICIDE

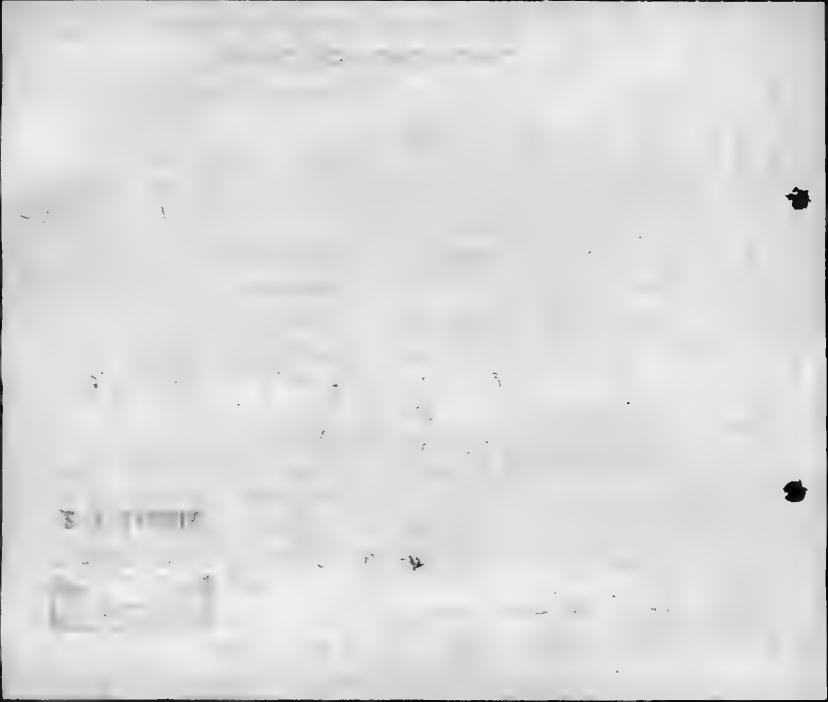
**EVery** 

COUNTY

3. NAME OF

5. SEX:

DECEASED:



# MARYLAND STATE DEPARTMENT OF HEALTH

6302

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

			- "A
Reg.	Dist.	No.	

TOR MIDDIOAL	Reg. Dist. No	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Anne Arundel MARYLAND	Maryland. COUNTY	
CITY (If outside corporate limits, write RURAL and 1 LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest to	own)
X TOWN give near Pasadena (in 1 thin Pace)	OR Baltimore 3 V	
HOSPITAL OR INSTITUTION OR Magothy River off	STREET (If rural, give location)	<u>.IT.</u>
STREET ADDRESS Beechwood Beach	ADDRESS 1310 E. Chase St.	2.0
3 NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
DECEASED (Type or Print) Frances Jaco	OF	_ ` ´
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday   If under I year   If u	inder 24 h m.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated	2/15/11 44 yrs. Months Days Ho	ourn   Mfn.
1 10a. USUAL OCCUPATION (Give kind of work 1 10b. Kind of Rusings on	II. BIRTHII.ACE (State or foreign country)	OF WHAT
done during most of working life, even if retired) INDUSTRY	North Carolina Joyna	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEMBED EVEN IN U.S. TRIMED FORCES?   16. SOCIAL SECURITY NO.	Ella Woods	
15. WAS DECEMED EVER IN U.S. REMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of NO	Cordelia Tull (sister)	
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NO DEATH
9.29.7		
Immediate cause (a)Accidental .Drow	ming Sudden	***************************************
Antecedent cause(s)  Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last  (c)  U. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUT	OPSY?
	Yes 🗋	No G
PRIMARY X ROONTRIBUTING OF ONLY RIVER (NOT NOT BEATH)	(CITY OR TOWN) (COUNTY) (ST	ATE)
CA'SE OF DEATH OF INJURIME SOTHY River	Beechwood Beach A.A. Md.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY 7/15/55 10 300 mork at work	Drowning	
22 I certify that I took charge of the remains described abe c, held an A obtained by said Autopsy, Inspection or Inquiry, find that said december in an arrival eauses of accident X suicide of homicide (Degree or title)  SIGNATURE  Deputy Medical Secretary Medical Examiner	utopsy Inspection XInquiry X thereon and from the cosed deed on the day stated above, and death in my opinion undetermined ADDRESS DATE	eridenee resulted SIGNED
	ty OR CREMATERY LOCATION (City, town, or county)	(State)
Durial" 7-19-55 My Oak	M	md.
DAT. LEC'D BA LOCAL RECISTRAR'S SIGNATURE	21. POWERAL DIRECTOR, ADDRE	SS
1/18/53 //W. Alexand	Villyner Sanders	
11 the first the	1 914 & Digo Fore	TIE
,	4/////	Sand The

PLAINLY, WITH UNFADING INK. Supply every item of information carefully, pecually important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING LEASE WRITE

العم

(State)

(City, town, or county)

DIRECTOR

MEDICAL EXAMINER S CER	THICAIR OF DEATH No. AL
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Cigge Crudel MARYLAND	STATE D. C, COUNTY
OR and ove nearest own)  CITY (It outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corpolate limits write RURAL and give nearest town)
TOWN Furle Unexpels	TOWN Mashington 47X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sporrows Beach	STREET ADDRESS / 6 / 0 Color on St.
3. NAME OF DECEASED: (Middle) Thompson	(Last)  4. DATE (Month) (Day) (Year)  OF DEATH 3/ 19 (
	OF BIRTH: 9. AGE last of the day: 15 UNDER 1 YEAR IF UNDER 24 HRS 23-1931 Days Hours Min.
10a. USUAL OCCUPATION (Give Lind of 105. KIND OF BUSINESS OF Ork done during post of work life, INDUSTRY:	R 11. BUTHPLACE (State or foreign country): 12. CITIZEN OF WHA
Tage of lunings	14. MOTHER'S MAIDEN DAME: On outliers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.; (Ych. no. or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: werell Jennings 65 Randolph Fl. n. St. H.
	AL CERTIFICATION
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATE
Immediate cause (a) // how he	dudden
Antecedent cause(s)	
Diseases or conditions, if any, (h)	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yee □ No □
PRIMARY Or CONTRIBUTING OF Street office bldg., etc.	MICO. nek
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 7	Cyfule at Sperraces 1. Heach
22. I hereby certify that I took charge of the remains describ	
find that death resulted from Natural causes [], Accid	dent [2], Suicide [1], Homicide [1], Undetermined cause [1]  CHIEF MEDICAL EXAMINER [3] DATE SIGNED
The state of the s	DEPUTY MEDICAL EXAMINER

NAME OF CEMETERY OR

THEREOF

DATE

VS. A15A - 5 - 53

Supply every item of information-carefully. The correct write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

UNFADING INK.
Physicians: please

PLEASE WRITE PLAINLY, WITH age is especially important.

23. BURIAL CREMATION, REMOVAL (Specify):

DATE RECO BY LOCAL ORG. 1,1955

Con Thompson Jeannings



CERTIFICATE OF DEATH 6205

Reg. Dist. No. 28

2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH COUNTY Baltimore City Anne Arundel Maryland STATE COUNTY MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL end give neerest town) end give neerest town) (In this place) 2 yrs. 2mos. 23day SWN TOWN Crownsville Baltimore City HOSPITAL OF (If rural give location) ADDRESS INSTITUTION OF STREET ADDRESS Crownsville State Hospital 1051 Argyle Avenue (Mardel a) DATE (Month) (Lest) (Yeer) NAME OF DECEASED (Type or Print) DEATH 16 Johnson Marv COLOR OR SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR JIF UNDER 24 HRS RACE WIDOWED, DIVORCED Months Days (Specify) 782 yrs. FE MALE Negro Widow Unknown 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT dona during most of working life, even if OR INDUSTRY COUNTRY? Maryland U.S. Housework 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown George Yeager 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yas, no, or unk.) (If Yes, give wer or dates of service) Hospital Records INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cerebral Vascular Accident 1 day IMMEDIATE CAUSE DUE TO Known to us since ANTECEDENT CAUSE(S) Senile Atrophy of the brain DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic Purulent Cholecystitis Unknown TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES T NO 218 ACCIDENT WAS UNDERLYING [ 21b PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (County) (State) OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) (Hour) While Not while at work et work ......7/16 ......, 19.....55., that I last saw the deceased 22. I hereby certify that I attended the deceased from 1/5 .., to and that death occurred at J. H.M. from the causes and on the date stated above ADDRESS (Street, city, town, state) Crownsville. Md. LOCATION (City, town, or county) BURIAL, CREMATION. NAME OF CEMETER'S OR CREMATORY (Stele) REC'D BY REGISTRAR FUNERAL DIRECTORYS SIGNATURE ADDRESS

or attending physician.

physician

attending pl

detached

use

death

The law requires that the

DIRECTOR:

peen

certificate

certificate

copy

er dea third

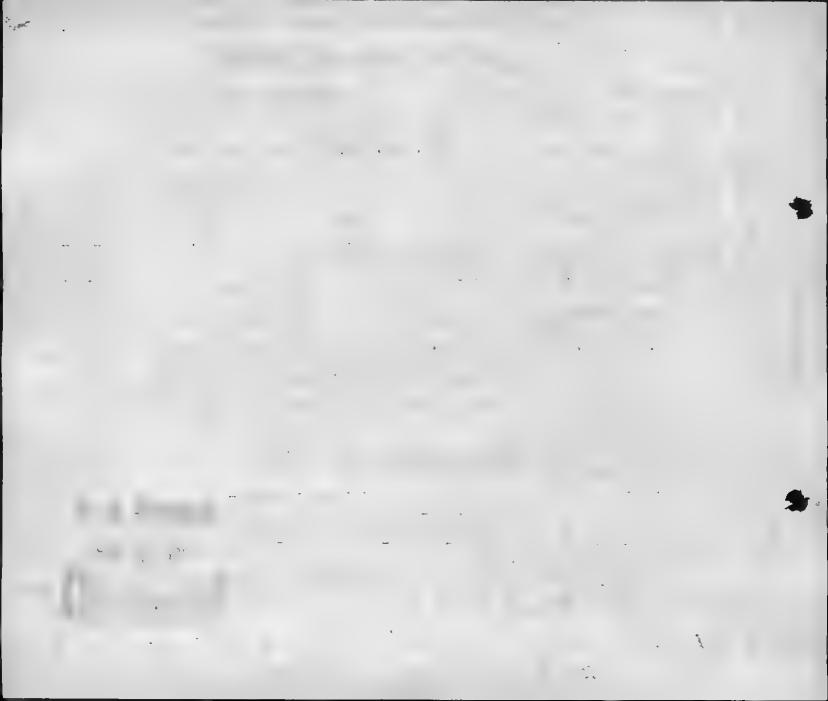
hours :

2.4

registrar by the fu

the 5

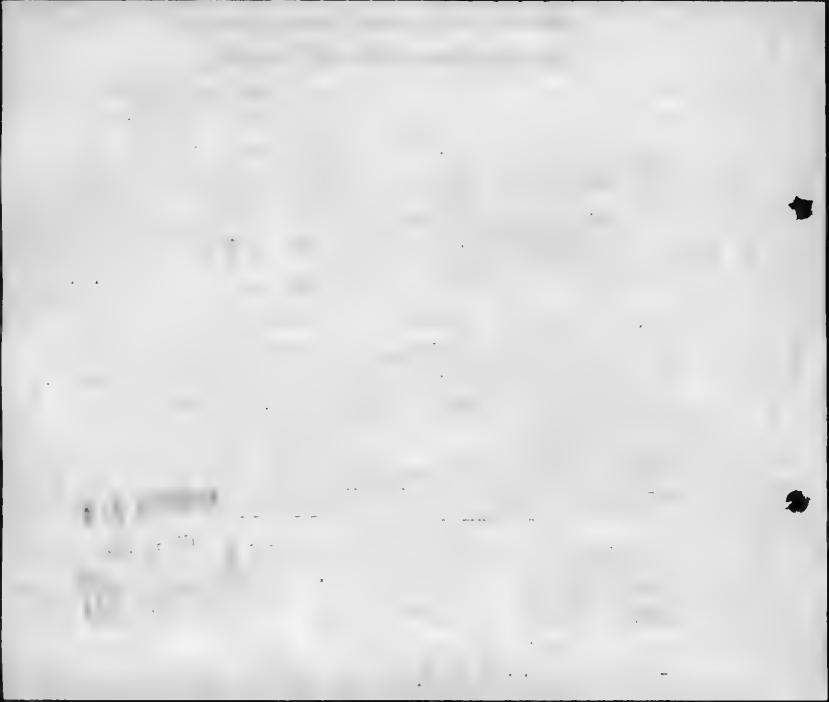
by the



# 6208 CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (il outside corporete limits, write RURAL and give nearest town)
OR end give neerest town)  TOWN Crownsville Imo. 23 days	FOWN Baltimore City 3/0/4.
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR  STREET ADDRESS Consumers 7 7 9 Ct ot o 11 9 mit o 3	ADDRESS 1638 Miller Street
STREET ADDRESS Crownsville State Hospital  3. NAME OF (First) (Middle)	(Lest) 4. PATE (Month) (Day) (Year)
DECEASED	DEATHE
(Type or Print) Mary Wyatt Jones  5. SEX   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF	F BIRTH 9. AGE lest birthdey   IF UNDER 1 YEAR 1 IF UNDER 24 HR
RACE WIDOWED, DIVORCED,	Months Days Hours Min.
Female Negro (Specify) Married 7	11. SIRTHPLACE (Stala or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
retired) Unknown Unknown	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Wyatt	Rebecca Wyatt
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yas, no, or unk.) (If Yes, give wer or detes of service) No Unknown	Hospital Records
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) Hypostatic Pneumon:	1a 48 hrs.
ANTECEDENT CAUSE(S) DUE TO	stanianalauatia Hannt Diana
	rteriosclerotic Heart Disease
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. PSYCHOSIS  198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO X
	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED   1	211. HOW DID INJURY OCCUR?
M. et work L et work L	re glo rr
22. I hereby certify that I attended the deceased from 5/18	
	5.1.5p.e.M, from the causes and on the date stated above.
signatore . Of	ADDRESS (Street, city, town, state)  DATE SIGNE
John Ot Themeton M.D.	Crownsville, Md. 7/10/55
23. BURIAL (CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
1-11/2 1/1/25 all war	Mr. M. Dellar, Mel.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE CA JAy CI	25. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS
DATE 7-12-55 A.W.Hedrich	Mancheloto Ex Click 1412 E. Prostor



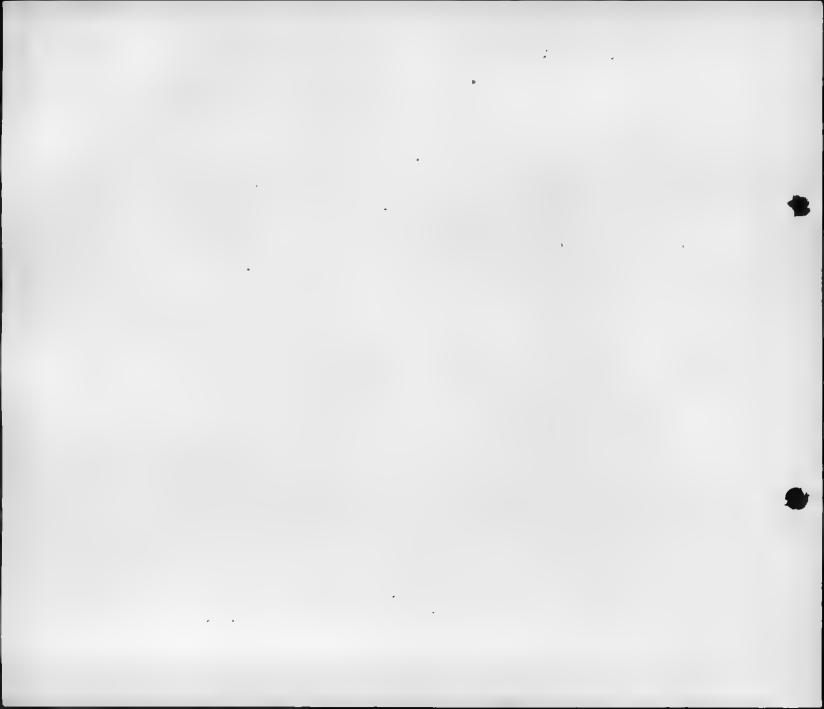
## MARYLAND STATE DEPARTMENT OF HEALTH

6207

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06204

I. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (F	HOME) OF DECEA	SED. COUNTY	
Anne Arundel MARYLA	OF STAY	CITY (If outside corpora	ate limits, write RUI	RAL and give	nearest town)
50 TOWN give nearest town Park 3 y.	place)	OR TOWN Sales			53
HOSPITAL OR INSTITUTION OR		ADDRESS Same	(If rural, give	location)	
3. NAME OF (First) (Middle)	"	(Last)	14. DATE ()	Month)	(Day) (Year)
DECEASED (Type or Print) John Edward Karczew	enled	(2004)	OF DEATH Ju]		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRI WIDOWED, DIVO	IED,	8. DATE OF BIRTH	9. AGE last birtbda	y I If under 1	year   Hunder 24 hrs Days   Hours   Min.
R (SDecily) Mary	LIEG	11/11/98	56 ym		
done during most other man of the state of work and of work done during most other man other man of the state	INBS OR	Baltimore, Md.		12.	CITIZEN OF WHAT
13. FATHER'S NAME Francis Harczewski	.	Dolothy	Maris		
Yes, no, or unknown)   (Il yes, dive war or dates of 219-03-2		Tr. INFORMANT F	zewski (wii	(e)	
	DICAL CER	TIFICATION			INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	TII				ONSET AND DEATE
Immediate cause (a) Coronary	Occlus	sion		·	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	THE B DE ACTUMBRA IS DO ST HEIGH	a brandardana danny Picabara to Mada	ANTONIO MERCENTE ACCOMPANSA MARIA	4.40504432444	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	RATION				20. AUTOPSY?
					Yes 🗆 No 💍
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ Office bldg., etc.) CAUSE OF DEATH. INJURY	ory, street,	(CITY OR 1		(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRE While at work at w		HOW DID INJURY OC	CURT		
22. I certify that I took charge of the remains described above, obtained by said Autopsy, Inspection or Inquiry, find that from: natural causes ■. accident □, suicide □, hom SIGNATURE  Degree or the Deputy Me	said decea nicide □, tie)	sed died on the dry state	), Inquiry <b>the</b> the dank	rreon and f	from the evidence opinion resulted  DATE SIGNED
23, BURIAL, CREMATION DATE THEREOF NAME OF		Glen Burnie	Md OCATION (City, to	7/24/	55 y) (State)
Bremoval (Sprify) July 27. 1955 Ball	timore	Mational!	Balto.	THE OF COMIT	mid
DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE REG.	a. 34. X	ohu t. Tewel	5311 8	mona	sow ave

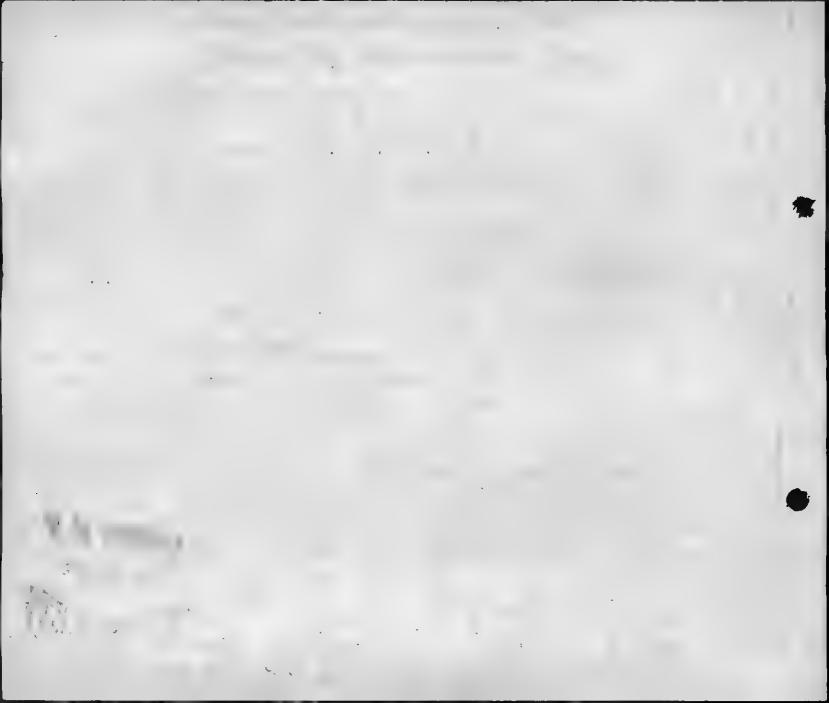


North E

SSET ES THE

death MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 .. After copy 06206 CERTIFICATE OF DEATH af≣r dea ne third L PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Anno Amy, at STATE - T, TEMA MARYLAND COUNTY A 1 1 F CITY (If outside corporate fimits, write RURAL end give nearest town) CITY (If outside corporete limits, write RURAL LENGTH OF STAY and give neerest town) (in this place) OR X TOWN Tort to and 3. . er a TOWN Glen Burnie HOSPITAL OR STREET (If rural give location) ADDRESS 50 STREET ADDRESS 1200 Julifors 3. NAME OF (Middle) 4, DATE (Month) registrar by the f DECEASED OF DEATH MARCON DE TENCH COUNTY (Type or Print) 19 E IT COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 24 HRS IF UNDER 1 YEAR WIDOWED, DIVORCED, Months Hours | Min. (Specify) 후드 6 July 1055 10e. USUAL OCCUPATION (Give kind of work done during meet of working life, even if 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with filled requires that the death NOR INDUSTRY COUNTRY? Maryland USA ate be filed completely 13. FATHER'S NAME **NSTRUCTIONS** 14. MOTHER'S MAIDEN NAME William Mehert Kelso Evelyn Jessen physician. 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. certificate (Yes, no, or unk.) (If Yes, give wer or detes of service) Wien Barnie, par 12 in and INTERVAL BETWEEN or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician a ONSET AND DEATH death ( tration pneumonia 4 073 IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) TO FUNERAL DIRECTOR: The law requires that the certificate has been executed by the attending ph death certificate assembly should be detached for us promote printy DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. the hospital DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION ATTENDING PHYLICIAN OF I 19b. MAJOR FINDINGS OF OPERATION 20, AUTOPSY? NO 210 ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 211. HOW DID INJURY OCCUR? While Not while **■** work et work 22. I hereby certify that I attended the deceased from 6 177 , 19.55 , to 10.417 , 19.55 , that I last saw the deceased certificate has b death certificate alive on. As 15-5, 19 5. ..., and that death occurred at 9-75 M, from the causes and on the date stated above. ADDRESS (Street, city, town, state) 10M /Mg. 2010 3.7. Medde, ed. 11 ... 1355 23. BURIAL CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Constant | Port Got 12 29 August | 25 FUNERAL DIRECTOR'S SIGNATURE | ADDRESS 24. REC'D BY REGISTRAR C'aplair Tite rort fall to





# INSTRUCTIONS

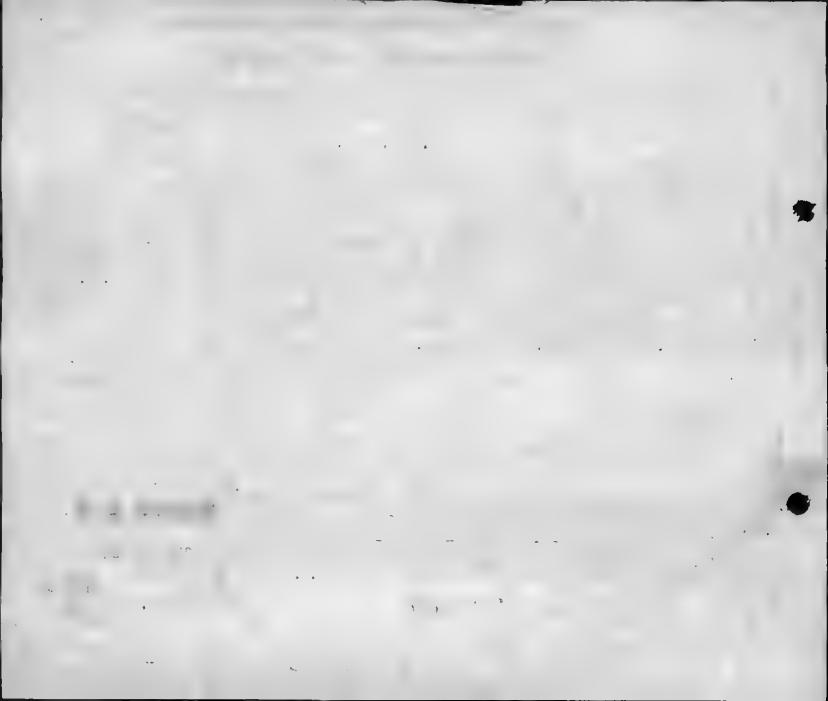
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 6°1°CERTIFICATE OF DEATH

06208

Reg. Dist. No. 28

1. PLACE OF DEATH		2. USUAL RESIDEN		
COUNTY Anne Arundel	MARYLAND	STATE Maryla	ind COUNTY	Baltimore City
CITY (if outside corporate limits, write RURAL	LENGTH OF STAY	CITY (it outside corpor	ste limits, write RURAL s	and give nacrest town)
Y TOWN Crownsville	1 yr. 8mos 2	ldaystown Balti	more City	3 v 1.4
HOSPITAL OR		STREET	(If rure) gi	ve locetion)
INSTITUTION OR Crownsville	e State Hospital	ADDRESS 562 Go	ld Street	1
.0				N.
3. NAME OF (First) DEGEASED	(Middle)	(Lest)	4. DATE MO	
(Type or Print) Spicer		Laws	DEATH	7 11 , 55
5. SEX   6. COLOR OR   7. SIN	IGLE, MARRIED, 8. DATI	E OF BIRTH	. AGE lest birthday	IF UNDER 1 YEAR HE UNDER 24 HE
Male Negro (Sp.	DOWED DIVORCED.	Minown /2/24//80	6,076/yrs.	Months Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work	106, KIND OF BUSINESS	11. B.RTHP-ACE (Flate or foreig	n country)	12. CITIZEN OF WHAT
done during most of working life, aven if	OR INDUSTRY	3.5. 7		COUNTRY?
Laborer	l Unknown	Maryland		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Unknown		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES?   16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of ser	vice)			
Unk. Unk.	Unk	Hospital F	ecords	
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	ERTIFICATION		INTERVAL BETWEEN
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				6:21
33/X IMMEDIATE CAUSE (A)	Cerebrovascular a	ccident		4 days < /
ANTECEDENT CAUSE(S) DUE TO	,			Known to ús
DISEASES OR CONDITIONS, IF ANY, (8)	Cerebral arterio	sclerosis		
GIVING RISE TO THE ABOVE CAUSE DUE TO				sincs 10/20/53
260 X (C)				Ì
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG			
TO THE DEATH BUT NOT RELATED TO THE	Diabetes mellit	ue - Perrehonie		11 11
DISEASE OR CONDITION CAUSING DEATH  19e, DATE OF OPERATION 19b. MAJOR	R FINDINGS OF OPERATION	us - I Sychosis		20. AUTOPSY?
I DE DATE OF OPERATION   170. MAJOR				
1				
21. ACCIDENT WAS TIMEDIVING IN 216 P		21c WHERE DID IN HIPV OCCUP	(City or town)	YES NO
OR CONTRIBUTING  CAUSE OF DEATH OF INJ	PLACE (Homa, farm, fectory, IURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	
OR CONTRIBUTING CAUSE OF DEATH OF INJ	PLACE (Home, farm, fectory, URY street, office bldg., etc.)			YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJ	PLACE (Home, farm, fectory, URY street, office bldg., etc.) Hour) Zie, INJURY OCCURRED	21c. WHERE DID INJURY OCCUR		YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJ	PLACE (Home, farm, fectory, URY street, office bldg., etc.)			YES NO
OR CONTRIBUTING   CAUSE OF DEATH   OF INJ (IF EITHER, NOTIFY MEDICAL EXAMINER)   = 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Notice of the control of the c	PLACE (Home, farm, fectory, URY street, office bldg., etc.)  Hour) 21e. INJURY OCCURRED While Not while et work	211. HOW DID INJURY OCCUR	?	(County) (State)
OR CONTRIBUTING   CAUSE OF DEATH   OF INJI (IF EITHER, NOTIFY MEDICAL EXAMINER)   - 21d. TIME OF INJURY (Month) (Dey) (Yeer) (to be a second or control of the second or control or	CLACE (Home, farm, fectory, URY street, office bidg., etc.)  Houri 21e. INJURY OCCURRED While Not white et work et work the deceased from	21f. HOW DID INJURY OCCUR	7/11, 1955	(County) (State)
OR CONTRIBUTING   CAUSE OF DEATH   OF INJI (IF EITHER, NOTIFY MEDICAL EXAMINER)   —  21d. TIME OF INJURY (Month) (Dey) (Yeer) (the second of the second of t	PLACE (Home, farm, fectory, URY street, office bldg., etc.)  Hour) 21e. INJURY OCCURRED While Not while et work	211. HOW DID INJURY OCCUR., 19.55, to	7/12 19.55	(County) (State)  (County) (State) , that I last saw the decease date stated above.
OR CONTRIBUTING   CAUSE OF DEATH   OF INJ (IF EITHER, NOTIFY MEDICAL EXAMINER)   - 21d. TIME OF INJURY (Month) (Dey) (Yeer) ()  22. I hereby certify that I attended	CLACE (Home, farm, fectory, URY street, office bidg., etc.)  Houri 21e. INJURY OCCURRED While Not white et work et work the deceased from	211. HOW DID INJURY OCCUR	7/11, 1955 auses and on the ESS (Street, city, tow	(County) (State)  (County) (State) , that I last saw the decease date stated above.  vn, state) DATE SIGNE
OR CONTRIBUTING CAUSE OF DEATH OF INJ (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (the control of the cont	CLACE (Home, farm, fectory, URY street, office bidg., etc.)  Houri 21e. INJURY OCCURRED While Not white et work et work the deceased from	211. HOW DID INJURY OCCUR	7/12 19.55	(County) (State)  (County) (State) , that I last saw the decease date stated above.
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (the control of the control of	CLACE (Home, farm, fectory, URY street, office bidg., etc.)  Houri 21e. INJURY OCCURRED While Not white et work et work the deceased from	211. HOW DID INJURY OCCUR  19.55, to  at 2:00a Min from the capable  Cro	7/11, 1955 auses and on the ESS (Street, city, tow	(County) (State)  (County) (State)  (All (Sta
OR CONTRIBUTING   CAUSE OF DEATH   OF INJI (IF EITHER, NOTIFY MEDICAL EXAMINER)   - 21d. TIME OF INJURY (Month) (Dey) (Yeer) (to be a second or control of the second or control or	CLACE (Home, farm, fectory, URY street, office bldg., etc.)  Hour) 21e. INJURY OCCURRED While Not white et work the deceased from	211. HOW DID INJURY OCCUR  19.55, to  at 2:00a Min from the capable  Cro	7/11, 1955 suses and on the ESS (Street, city, too SWMSVILLE,	(County) (State)  (County) (State)  (All (Sta
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Note: 10 to 10	CLACE (Home, farm, fectory, URY street, office bidg., etc.)  Hour! 21e. INJURY OCCURRED While Not while et work  the deceased from	211. HOW DID INJURY OCCUR  19.55, to	7/11, 1955 suses and on the ESS (Street, city, tow DOCATION (City, Tow Dalte	(County) (State)  (County) (State)  (State)  (County) (State)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (here)  22. I hereby certify that I attended alive on 7/9 19 55  BIGNATURE  23 BURKL, GREMATION OATE MERCO	CLACE (Home, farm, fectory, URY street, office bldg., etc.)  Hour) 21e. INJURY OCCURRED While Not white et work the deceased from	211. HOW DID INJURY OCCUR  19.55, to  at 2:00a Min from the capable  Cro	7/11, 1955 suses and on the ESS (Street, city, tow DOCATION (City, Tow Dalte	(County) (State)  (County) (State)  (All (Sta



W

the registrar within T. hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

# 6213 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	BED
county Anne Arundel	MARYLAND	STATE Marylan	d соинту Mor	ntgomery
CITY (If outside corporete simits, write RURAL   L	ENGTH OF STAY		e limits, write RURAL end give	
OR end give neerest town]  Y TOWN Crownsville	(in this place)	TOWN Gaithe	rehiira	151
HOSPITAL OR	Of Home	STREET	(If rural give location	10 / 1 · · · · · · · · · · · · · · · · · ·
INSTITUTION OR		ADDRESS	A4 -	on;
STREET ADDRESS Crownsville State H	ospital	Rte.	#3	
3. NAME OF (First) (Midd	le)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Freeman	0.	Lee	OF DEATH 7	6 19 55
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE O	F BIRTH / - 3 - 3 - 9.		DER 1 YEAR   IF UNDER 24 HRS
Male Negro (Specifyliknown	ED, Trans	21-00	302/rs. Month	s Deys Hours Min.
Male Negro Specifiknown		IT. 'BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDL	JSTRY .	II. BIKIHPLACE (State of foreign	country	COUNTRY?
retired Unknown Low Unknow	n	Unknown		Unk.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	LME 57 / 1 .	//
Unknown Unknown		Unknown	n colmona	مناكلان (ما
	CIAL SECURITY NO.	17. INFORMANY & AD	DRESS (2)	MOD A.S.
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Thale	Un model off	Day Congo	1 Mestern Jes
	Unk.	Hospital	Records 4/	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	HIFICATION		ONSET AND PLATH
Comonom	y Occlusion		1	ramitted // 5/55
4 21, / IMMEDIATE CAUSE (A)		<del> </del>		
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST, DUE TO				
(C)				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 1 196. MAJOR FINDINGS OF C	PERATION			20. AUTOPSY?
				YES NO
210 ACCIDENT WAS UNDERLYING [] 216 PLACE (Home, far	m, fectory.   2	TIE. WHERE DID INJURY OCCUR?	(City or lown) (C	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office	bldg., etc.)			
	JRY OCCURRED :	21f. HOW DID INJURY OCCUR?		
While r	Not while			
M.   et work L	et work		74 77	
22. I hereby certify that I attended the deceased	from 1/2/.	, 1922, to	/ O, 19 22, tha	t I last saw the deceased
alive on	death occurred at	12:15Marsh the car	uses and on the date st	ated above.
SIGNATURE		Benedict) ADDRE	SS (Street, city, town, state)	DATE SIGNED
M lewell	ALT M.D.	Crow	msville, Md.	7/6/55
	AME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or con	unity) / {State}
MEMOVAL (SPECIFY)	MLCO		63 110 1 Dil	me di
White 1-1-90	1117	27	serve	ADDRESS
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	_ (,	25 FONERAL DIRECTOR'S SI	GNATURE	ADDRESS A- 110
DATE 7 700 KM X	-	1 when I	suproclen-	" worthing

- 1171

1 (0000



# 6?12 CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY  AND  COUNTY  AND  COUNTY  AND  COUNTY  COUN	
OR give nearest town)  CITY II outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)  OR O	20
HOSPITAL OR A INSTITUTION OR ADDRESS (If rural, give location)	X
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) OF OF	~.
5. SEX DEATH OF BIRTH 9. AGE last birthday   Months.   Days   Hours   Min.	10.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or li. Birthplace (State or foreign country)  12. Citizen of What Country?	
13. FATHER'S NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 1402 Wood Boury	-
Sons. Wm. D. Little. Ave	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IS. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a). MYOCZYdIZL /NFarction 30 min.	,
Antecedent cause(8)	
Diseases or conditions, if any, (b) Geneval(zed Artenosclevosis) giving rise to the above cause stating the underlying cause last  4400-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	2
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 26. AUTOPSY1	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE (INJURY) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF   While at Not While   Not Work   At work	
22. I hereby certify that I attended the deceased from	
alive on	w Ci
23. BURIAL, CREMATION DATE July 29/4 MARIE OF CIMETRY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify)  Page 21	7
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. ADDRESS REG. ADDRESS	

Comment of the four of the form

(Yeer)

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

2D. AUTOPSY

NO

(Steta)

(State)

YES

CITIZEN OF WHAT

COUNTRY? U.S.

IF UNDER 24 HRS

55

(Dev)

at the property

.

Hilaspard Heard Names-

# CERTIFICATE OF DEATH

Red	Diet	No
Tree E	TATORE	LTDs.ss,ss,sses

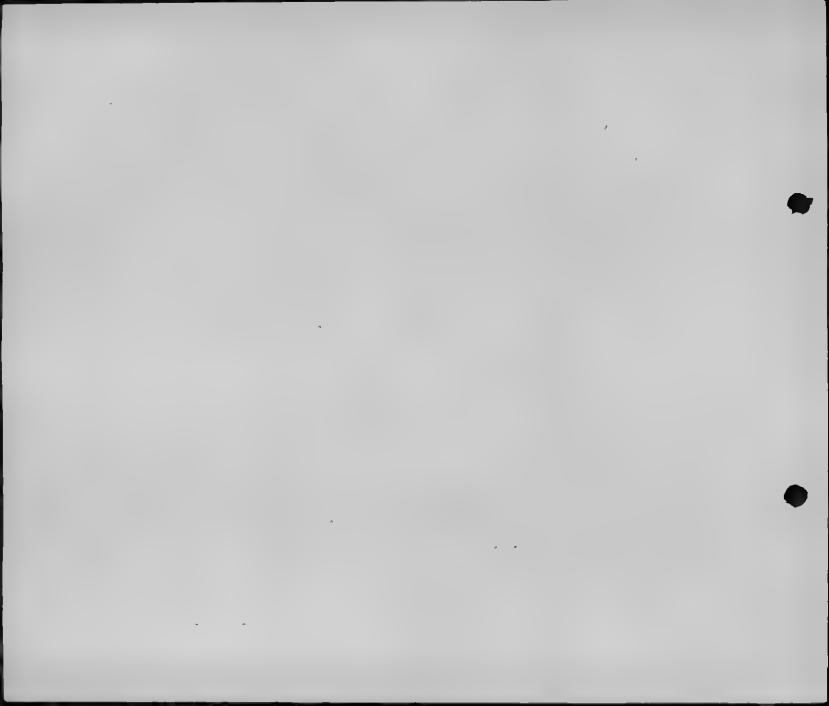
FUR MEDICA	L EAANLINERS Reg. Dist. N	No ,
I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECLASED- STATE COUNT	TY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate fimits, write RURAL and g	rive negreet town)
X TOWN give Pearest town len Burnie (In this place)	Town Same	Y
HOSPITAL OR	STREET (If rural, give location)	2
	Same	*
3. NAME OF (First) (Middle) DECEASED (Type or Print) James Edward Lucas	(Last) 4. DATE (Month) OF	(Day) (Year
5. SEX   6. COLOR OR RACE 7. SINGLE, MARRIED.	DEATFuly 3rd	1955 19
Male White WIDOWED DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under Month	Days Hours M'
10a. USUAL OCCUPATION, Give kind of work done during most of working life, even if retired)  LICCUPICIAN		12. CITIZEN OF WHA
ELECUTICIAN 13. FATHER'S NAME	Centreville Md.	U-S-A.
William N Lucas	Etta Frampton	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give want) dates of 215-07-778	Mrs. Anna Lucas (Marchey)	
18. MEDICAL ČE	RTIFICATION	INTERVAL BETWEE
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
Immediate cause (a)Accidental Dray	ming	Sudden
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above rause	A 25 AME AREACANA SAFA A 2 VINCENSA SAFANA MARKANANANANANANANANANANANANANANANANANANA	4545 HE WELL W. W
ntating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		(
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
		Yes   No b
21. EV. ERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY Zer CONTRIBUTING F. OF other bldg., etc.)	1	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	P.O.Glen Burnie MD. A.A.	•
OF While at Not while		
	3	
<ol> <li>I certify that I took charge of the remains described obove, held an a observed by said Autopsy, Inspection or Inquiry, find that said dece</li> </ol>	Interest of the day stated above and double in	from the evidence
📑 from: natural causes 🗒 accident🍱 , suicide 🗒 homicide 🗒	undetermined	openion resulted
Deputy Medica	ADDRESS	DATE SIGNED
Gustase Africkertill Examiner	Glen Burnie, Md. 7/3/55	
	RY OR CREMATORY   LOCATION (City own, or cou	nty) (State)
Burial 1/6/1900 Hotela	(1. U. Co.	
DA. E. REC'D BY LOCAL REGISTRAL'S SIGNATURE ,	AL FUNERAL DIRECTOR	ADDRESS
- ) - J - J - J - J - J - J - J - J - J	7-legum 4 /lesoure 1476 high	es our

1) rege

M

The correct age

MARGIN RESERVED FOR BINDING



The bottom copy may

10

INSTRUCTIONS

PLACE OF DEATH

# CERTIFICATE OF DEATH

Reg. Dist. No.

COUNTY CITY ("Gordies comparts by with 8 SURAL 18 SIGH OF STAY O'N STATE COUNTY	WILDO HAVE	151	2. USUAL RESIDENCE (NOME) OF DECEA	BED
CON STORM CONTROL BURNESS STORM STOR			STATE MARYT AND COUNTY	
HOSPITAL OF PLATE MENT OF PLATE MENT OF PUBLISHES  AND STREET ADDRESS FLUT 2 B. 377 B. P.  J. NAME OF CREATE (Modily) (Part) (Modily) (Modily) (Part) (Modily) (Modily	OR and give nearast town)			nearest town)
STREET AND AVE OF STREET AND AVE OF CONTROL	X TOWN Coley Bivine		TOWN	3V01 11
ADDRESS  ADD		R. CCNVILLEM	STREET Of rural give focali	ion)
3. NAME OF CREATED FIRST CREET (SEATOR CREATED CREET)  5. SEX 6 COLOR OR ACCEPT (Seator)  6. SACE CREET (SEATOR CREET)  7. SINGLE, MARRIED, MICHAEL (SEATOR CREET)  8. DATE OF BIRTH (SEATOR CREET)  9. AGE lest birthday: If Under 1942 if Un		~ 276A		/
DECRASED (ISPOROTHO) (ISPOROTH	3. NAME OF (First)	(Middle)		10 and 18 and
S. SEX 6 COLOR OR ACT TO MONOWED DIVORCED WINDOWS DIVORS DIVIDED WINDOWS		30.	ALACK OF -	
D. LISTABE OR CONDITIONS DIRECTLY LEADING TO DEATH  15. WAS DECLASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. ANTICODENT CAUSE (S)  19. DISTABES OR CONDITIONS, IF ANY, (B)  19. DISTABES OR CONDITIONS LEADING TO DEATH  19. ANTICODENT CAUSE (S)  10. THE SIGNIFICANT CRUSHED TO THE  DISTABE OR CONDITION CAUSING DEATH.  19. DATE OF DEFATION  19. MAJOR FANDER SAME  19. DATE OF DEFATION  20. AUTOPSY  19. DATE OF DEFATION  21. ACCIDENT WAS UNDERLYING  22. AUTOPSY  19. DATE OF DEFATION  22. I HOPE SIGNIFICANT CAUSE (D)  23. PLACE SHAME  24. RECO BY REGISTRAR	Contor	446000	1100	27 1922
DISEASES OR CONDITIONS, IF ANY,  I DISEASES OR CONDITIONS, IF ANY,  I DISEASES OR CONDITIONS, IF ANY,  ID DISEASES OR CONDITIONS, IF ANY,  (B)  DISEASES OR CONDITIONS CONTRIBUTING  DISEASE OR CONDITION CAUSE (D)  DISEASE OR CONDITION COURSE OF DEATH  DISEASE OR CONDITION COURSE OF DE	RACE WIDOWE	D, DIVORCED,		
OR ROUSTRY  IS. PATHERS RAME  UNKNOWN  13. PATHERS RAME  UNKNOWN  14. MOTHERS MADDEN NAME  UNKNOWN  17. INFORMANT & ADDRESS  PATHERS RAME  UNKNOWN  18. WAS DECRASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unit). [If Yar, give war or datas of service)  NONE  PACE SMITH ALLEN, PRINTING NY  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  ONSE! AND DEATH  19. MARDIATE CAUSES  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING BIST TO THE ABOVE CAUSE  OF HE DIATH BUT MOT BEARTD TO THE  STATING UNDERLYING CAUSE LAST, DUE TO  OF HE DIATH BUT MOT BEARTD TO THE  OR CONTRIBUTING CONDITIONS CONTRIBUTING  OF CONTRIBUTING CONSTRICT MAS UNDERLYING  OF CONTRIBUTION CONSTRICT MAS UNDERLY CONSTRICT MAS UNDERLYING  OF CONTRIBUTION CONSTRICT MAS UNDERLYING  OF CONTRIBUTION CONSTRICT MAS UNDERLY			3rd, 1884 71YRS yrs.	ne veys mours min.
13. FAMER'S RAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  (If Yes, give wer or delate of service)  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION  19. DATE OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY  YES NO.  21. WHERE DID INJURY OCCUR?  (City or town)  (County)  (County)  (County)  (Statis)  22. I hereby certify that I attended the deceased from Major County  Major County  MARYLAND  14. MOTHER'S MAIDEN NAME  15. MAS DECEASED EVER IN U. S. ARMED FORCES?  (WHERE DID INJURY OCCUR?  (City or town)  (County)  (County)  (Statis)  14. MOTHER'S MAIDEN NAME  15. MAS DECEASED EVER IN U. S. ARMED FORCES?  (WHERE DID INJURY OCCUR?  (City or town)  (County)  (County)  (County)  (Statis)  15. MAS DECEASED EVER IN U. S. ARMED FORCES?  (County)  (County)  (County)  (Statis)		OR INDUSTRY	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT
13. FATHER'S RAME  THEN OWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unit.) (If Yes, give war or dates of service)  NONE  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  WARTIN ST  PRACE SMITH ALLEN, REVIEW ON ST  INTERVAL BETWEEN ONSE! AND DEATH ONSE! ON DEATH ONSE! O	retired)		MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yas, give war or datas of service)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  (B)  DISEASES OR CONDITIONS, IF ANY,  (B)  DISEASES OR CONDITIONS, OR TANY,  (B)  DISEASES OR CONDITIONS CONTRIBUTING  DISEASE OR CONDITIONS CONTRIBUTING  DISEASE OR CONDITIONS CONTRIBUTING  DISEASE OR CONDITIONS CONTRIBUTING  DISEASE OR CONDITION AUSING DEATH  DISEASE OR CONDITION SONT REALTED TO THE  DISEASE OR CONDITION CAUSING DEATH  OF INJURY STREET, I SIGNATURE  21. AUTOPSY?  YES DISEASE OR CONDITION CONTRIBUTING  OF INJURY street, office bidg., etc.]  21. HOW DID INJURY OCCUR?  (City or lown)  (Country)  (Siata)  22. I hereby certify that I attended the deceased from 19. S. T. A. C.	13. FATHER'S FIAME		14. MOTHER'S MAIDEN NAME	
Internation   County   Count	UNKMAWIE		TKKNOWK	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  19. MEDICAL CERTIFICATION  19. MADDIATE CAUSE  ANTECDENT CAUSE(S)  DUE TO  GISTARY SIGNIFICANT CAUSE(S)  DUE TO  GISTARY SIGNIFICANT CAUSE(S)  TO THE ABOVE CAUSE  DUE TO  GISTARY SIGNIFICANT CONDITIONS CONTRIBUTED  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION  21. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  IF BIHER, NOTIFY MEDICAL EXAMINER  21. AUTOPSY?  YES NO  OF INJURY shreat, office bidg., etc.]  21. HOW DID INJURY OCCUR?  WHERE DID INJURY OCCUR?  WHERE DID INJURY OCCUR?  WHERE DID INJURY OCCUR?  WHERE DID INJURY OCCUR?  That I last saw the deceased alive on the date steled above.  SIGNATURE  ADDRESS (Street, City, Iown, Istal)  TO STAIN  ADDRESS (Street, City, Iown, Istal)  TO STAIN  ADDRESS  THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION CITY, Iown, Istal)  TO STAIN  ADDRESS  THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION CITY, Iown, Istal)  CONTRIBUTED  ADDRESS  THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION CITY, Iown, Istal)  TO STAIN  ADDRESS  THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION CITY, Iown, Istal)  TO STAIN  ADDRESS  THEREOF  NAME OF CEMETERY OR CREMATORY  LOCATION CITY, Iown, Istal)  ADDRESS  THE WASHINGTON COUNTY)  (STAIN)  ADDRESS  THE WASHINGTON CITY IOWN. OF COUNTY)  TO STAIN CITY IOWN. OF COUNTY)  THE WASHINGTON CITY IOWN. OF COUNTY  THE WASHINGTON CIT	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	MARKET CITY
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION  19. MATCHES FIVE NOTIFICATION  20. AUTOPSY?  21. WHERE DID INJURY OCCUR?  21. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from  31. MATCHES FIVE NOTIFICATION  23. FURNAL, CREMATION,  24. RECCO BY REGISTRAR  25. FURNAL, CREMATION,  26. MAME OF CHIEFERY OR CREMATORY  26. MAME OF CHIEFERY OR CREMATORY  27. MAME OF CHIEFERY OR CREMATORY  28. FURNAL, CREMATORY  29. ADDRESS  10. MAME OF CHIEFERY OR CREMATORY  10. MAME OF CHIEFERY OR CREMATOR		MANE	GRACE SMITH ALLEN 257	MAKTON
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  DISEASES OR CONDITIONS, IF ANY, GIVING BISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  199. DATE OF OPERATION  198. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO NO NO PROMISED CONTRIBUTING COUNTRY street, office bidg., etc.]  21a ACCIDENT WAS UNDERLYING 2 21b. PLACE (Homa, Iarm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21b. INJURY OCCURRED While at work at w	- NO NO	NAMP CALCA	ON SHILL MADELLE AND	TIME WAYE (2)
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OF CONDITIONS, IF ANY,  (B)  ATTOMETICAL SCLOSE 10 THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  2D. AUTOPSY?  YES NO  ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (FITHER, NOTIFY ABDICAL EXAMINER)  216. TIME OF INJURY (Month) (Day) (Yaar) (Hour)  217. AUTOPSY?  YES NO  218. NO NO  219. AUTOPSY?  YES NO  210. WHERE DID INJURY OCCUR?  (City or lown)  (County)  (Stata)  (County)  (Stata)  210. AUTOPSY?  YES NO  211. INJURY OCCUR?  WHERE DID INJURY OCCUR?  (City or lown)  (County)  (Stata)  (County)  (County)  (Stata)  (County)  (County)  (County)  (Stata)  (County)  (County)  (Stata)  (County)  (County)  (County)  (Stata)  (County)  (County)  (County)  (Stata)  (County)  (County)  (County)  (County)  (County)  (County)  (County)  (County)  (County)  (Stata)  (County)  (County	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	EATH)	C. I de la	ONSET AND DEATH
DISEASES OF CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21d. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.)  OF INJURY street, office bidg., etc.)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21d. HOW DID INJURY OCCUR?  Whila work at work  22d. I hereby certify that I attended the deceased from 19 5 to 19	420.0 IMMEDIATE CAUSE (A)	Confest	ve heart fullure	
GIVING RISE TO THE ABOVE CAUSE LAST.  STATING UNDERLYING CAUSE LAST.  ID THER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  198. MAJOR FINDINGS OF OPERATION  2D. AUTOPSY?  YES NO  ACIDENT WAS UNDERLYING  19 DATE OF INJURY (Home, farm, factory, or of Contributing Cause of Death Of Injury street, office bidge, etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) While at work all work at work at work.  22. I hereby certify that I attended the decessed from.  31d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) And that death occurred at the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and on the date stated above.  32d. Recommendation of the causes and o	MILITOTOTINI CHOSE(S)	Antan se	los to the	
STATING UNDERLYING CAUSE LAST. DUE TO  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  199. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO  210. AUTOPSY? YES NO  211. HOW DID INJURY OCCUR?  (City or lown)  (County)  (State)  211. HOW DID INJURY OCCUR?  Whila Not whila all work  222. I hereby certify that I attended the deceased from No whila all work  223. BURIAL CREMATION.  224. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  225. FUNRAL PIRECTOR'S SIGNATURE  226. PUNRAL PIRECTOR'S SIGNATURE  227. PUNRAL PIRECTOR'S SIGNATURE  228. PUNRAL PIRECTOR'S SIGNATURE  229. PUNRAL PIRECTOR'S SIGNATURE  240. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  250. PUNRAL PIRECTOR'S SIGNATURE  250. PUNRAL PIRECTOR'S SIGNATURE  250. PUNRAL PIRECTOR'S SIGNATURE  261. PUNRAL PIRECTOR'S SIGNATURE  262. PUNRAL PIRECTOR'S SIGNATURE  263. PUNRAL PIRECTOR'S SIGNATURE  264. REC'D BY REGISTRAR  REGISTRAR'S SIGNATURE  265. PUNRAL PIRECTOR'S SIGNATURE  266. PUNRAL PIRECTOR'S SIGNATURE  267. PUNRAL PIRECTOR'S SIGNATURE  267. PUNRAL PIRECTOR'S SIGNATURE  267. PUNRAL PIRECTOR'S SIGNATURE  268. PUNRAL PIRECTOR'S SIGNATURE  267. PUNRAL PIRECTOR'S SIGNATURE  2	GIVING RISE TO THE ABOVE CALLSE	111101000	MA CUC MENT	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE (Homa, farm, factory, OF INJURY Street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or lown)  (County)  (County)  (County)  (Stata)  22b. AUTOPSY? YES NO  AND PLACE (Homa, farm, factory, OF INJURY OCCUR?  (If EITHER, NOTIFY MEDICAL EXAMINER)  22c. I hereby certify that I attended the deceased from Not white at work at work  22c. I hereby certify that I attended the deceased from Not white at work  22c. I hereby certify that I attended the deceased from Not white at work  22c. I hereby certify that I attended the deceased from Not white at work  22c. I hereby certify that I attended the deceased from Not white at work  22c. I hereby certify that I attended the deceased from Not white at work  22c. I hereby certify that I attended the deceased from Not	STATING UNDERLYING CAUSE LAST, DUE TO	of:	12 pap	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION  199. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (State)  21d. Time Of INJURY (Month) (Day) (Yaar) (Hour)  21e. INJURY OCCURED While Not while at work at work at work at work at work at work at work.  22. I hereby certify that I attended the deceased from 19.5., to 19.5., to 19.5., that I last saw the deceased alive on 19.5., and that death occurred at 19.5., to 19.5., to 19.5., that I last saw the deceased alive on 19.5., and that death occurred at 19.5., to 19.5.			ACRES C	
198. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  207. AUTOPSY? 216. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. PLACE (Homa, farm, factory, OF INJURY street, office bidg., etc.)  216. PLACE (Homa, farm, factory, OF INJURY street, office bidg., etc.)  216. PLACE (Homa, farm, factory, OF INJURY street, office bidg., etc.)  216. TIME OF INJURY (Month) (Day) (Year) (Hour)  217. HOW DID INJURY OCCUR?  Whila Not whita at work  218. HOW DID INJURY OCCUR?  Whila Not whita at work  219. S., to 7.2.9	TO THE DEATH BUT NOT RELATED TO THE			
21s ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OF INJURY street, office bidg., etc.)   21c. WHERE DID INJURY OCCUR? (City or town)   (County)   (Stata)    21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour)   21a. INJURY OCCURED   While   Not while   21f. HOW DID INJURY OCCUR?    22d. I hereby certify that I attended the deceased from   19.55, to   7.29   19.55   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   to   7.29   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive on   19.55   that I last saw the deceased alive o		NICE OF ORDAYON		
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OF INJURY street, office bidg., etc.)  21c. WHERE DID INJURY OCCUR? (City or fown)  (County)  (Stata)  21c. WHERE DID INJURY OCCUR? (City or fown)  (County)  (Stata)  21c. WHERE DID INJURY OCCUR? (City or fown)  (County)  (County)  (Stata)  21c. WHERE DID INJURY OCCUR? (City or fown)  (County)  (Stata)  21d. TIME OF INJURY (Month)   Day)  (Yaar) (Hour)   21e. INJURY OCCUR?  Whila at work   21f. HOW DID INJURY OCCUR?  Whila at work   19 5.5., to 7.29	THE DATE OF OPERATION 198. MAJOR FINDS	INGS OF OPERATION		_ M
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURED While at work 19.55, to 7.29, 19.55, that I last saw the deceased alive on	210 ACCIDENT WAS UNDERLYING   216. PLACE	(Homs, farm, factory,	21c. WHERE DID INJURY OCCUR? (City of fown)	
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21s. INJURY OCCURED While at work 21f. How DID INJURY OCCUR?  While At work at work 21f. How DID INJURY OCCUR?  While At work 21f. How DID INJURY OCCU	OR CONTRIBUTING CAUSE OF DEATH OF INJURY #	real, office bidg., etc.)	(Carry of town)	(2(4)4)
22. I hereby certify that I attended the deceased from			21f. HOW DID INJURY OCCUR?	
alive on	м,			
alive on	22 I haveby cortifue that I attended the	Innered from IM Q	1 1055 7/20 1055	
23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERS OR CREMATORY LOCATION (City Lown, or county)  24. REC'D BY REGISTRAR  REGISTRAR' SIGNATURE  25. POTOGRAF DIRECTOR'S SIGNATURE LOCATION (CITY LOWN, or COUNTY)  26. REC'D BY REGISTRAR  REGISTRAR' SIGNATURE  27. POTOGRAF DIRECTOR'S SIGNATURE LOCATION (CITY LOWN, or COUNTY)  28. POTOGRAF DIRECTOR'S SIGNATURE LOCATION (CITY LOWN, or COUNTY)  29. POTOGRAF DIRECTOR'S SIGNATURE LOCATION (CITY LOWN, or COUNTY)  29. POTOGRAF DIRECTOR'S SIGNATURE LOCATION (CITY LOWN, or COUNTY)  29. POTOGRAF DIRECTOR'S SIGNATURE LOCATION (CITY LOWN, or COUNTY)  29. POTOGRAF DIRECTOR'S SIGNATURE LOCATION (CITY LOWN, or COUNTY)  29. POTOGRAF DIRECTOR'S SIGNATURE LOCATION (CITY LOWN, or COUNTY)	7/2665			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERS OR CREMATORY LOCATION (City, Igwn, or county)  24. REC'D BY REGISTRAR  REGISTRAR' SIGNATURE  25. POTOGRAJ DIRECTOR'S SIGNATURE LOCATION (CITY, Igwn, or county)  24. REC'D BY REGISTRAR  REGISTRAR' SIGNATURE  25. POTOGRAJ DIRECTOR'S SIGNATURE LOCATION (CITY, Igwn, or county)  26. REC'D BY REGISTRAR  REGISTRAR' SIGNATURE  27. POTOGRAJ DIRECTOR'S SIGNATURE LOCATION (CITY, Igwn, or county)		and that death occurred	P.M. from the causes and on the date st	tated above.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Iowin, or county)  24. REC'D BY REGISTRAR REGISTRAR' SIGNATURE  25. POTOSPAL DIRECTOR'S SIGNATURE ADDRESS	Lange 11 In Vi	parameter !	ADDRESS_(Street, City, lown, state)	7/1
13 wid 8/1/55 Mt Cultury Com Ballo Mal.  24. REC'D BY REGISTRAR REGISTRAR' SIGNATURE  25. POTOBRAL DIRECTOR'S SIGNATURE LA ADDRESS	22 PURAL COSMITTON DAY THERE		Niti alen Burno, Mich	1129151
8-1-5:		NAME OF CEMETERY O	R CREMATORY LOCATION (City Jown, or co.	unty) (State)
8-1-55	10 may 8/1/5	5 mgch	chury Cem (soll)	nid,
DATE 8-1-51 Cappelling Del.	24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	25 FUNERAL PIRECTOR'S SIGNATURE	ADDRESS
512 Carullin as	DATE 8-1-51	The star was	doubles south	with the same of t
		,	512 Casweller	, 600

, | | | . .

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06214

٩	73	4	1
}		1	1

CERTIFICATE OF DEATH

-		
Reg.	Dist.	No

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
(/- MARYLAND	marian c	,
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY		nearest town)
OR give nearest town) (in this place)	TOWN Solley Road	X
HOSPITAL OR	STREET (If rural, give location)	1
STREET ADDRESS Jally Road hid.	ADDRESS Rt. # 1, Rox 188	
3. NAME OF (First) (Middle)	(Lest) / 4. DATE (Month)	(Day) (Year)
(Type or Print) Orangel	nale de DEATH MALE ?	1940 1
6. SEX 6. COLOR OR RACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under 1	year 1If under 24 hrs.
Flangle White WIDOWED, DIVORCED, (Specify) Jugaran	1 3-3-1881 >4 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of work   10b. KIND OF BUSINESS OF		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		OUNTRY
Horizingfe	14. MOTHER'S MAIDEN NAME	4.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Massa Denish	- What awa	
15 Was Decrased Ever In U.S. Armed Forces   16. Social Security No.	17. INFORMANT	t
(Yes, no, or unknown) (If yes, give war or dates of 3/7 - 04 - ///)	Mareler rames hallow	
18. MEDICAL C	ERTIFICATION / O/ 2 / 2	
- Property of Computational Dipposity Leading so Duasti	Salley 12000 a mar	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 . 11 / /	UNSET AND DEATH
440. Astrimludia	Lucia Macular Assis.	5 1.0000
Immediate cause (a)		- B - J - CG -
Antecedent cause(s)	BT 11.	2
Diseases or conditions, if any, (b)	any Moran	> years
giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE Office hldg., etc.)		
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from aug.	10 50 to Audy 3 10 5 Table That as	on Alia January
22. I hereby certify that I attended the deceased from A	, 19 A.A., W	тм тпа песеязед
alive on 4/26 , 1932, and that death occurred at.		arod shore
alive on	ADDRESS	DATE SIGNED
SIGNATURE	n	1-1-
1		
4. Brady Smith M. Il.	Oliving Beach, md.	110105
	TRY OR CREMATORY LOCATION (City, town, my counts	y) (State)
KENIOVAL (Specify)	say Ceny Skiman Hill!	(State)
	TRY OR CREMATORY LOCATION (City, town, mecounts)	y) (State) ADPRESS
Killow L (Specity) 6-6-55 Holy to	say Ceny Skiman Hill!	Ped (State) Ped (State) Ped (State)
Kilipus L (Specity) 6-6-55 Holy to	say Ceny Skiman Hill!	y) Cd. (State) Cd. DDRESS

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every ltem of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

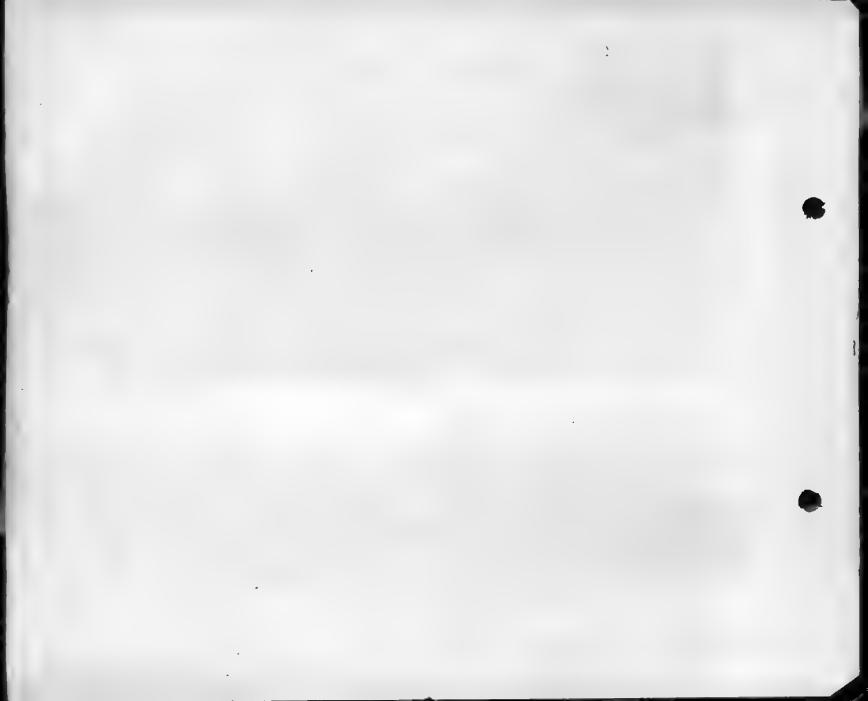


Dog Dies Br.



6917	CER	TIFIC	ATE	OF	DEAT	ГН
------	-----	-------	-----	----	------	----

0.21.		reg. Dist. No
1. PLACE OF DEATH-	. 2 MODILE DESCRIPTION (MODILE) OF	TOTAL
COUNTY CIMBLE CITY MARYLAND	2. USUAL RESIDENCE (HOME) OF I	COUNTY Euro Cind
OR give nearest town (in this place)	CITY (If outside corporate limits, wri	
X TOWN Severna Call	TOWN Second	1 ELNE! X
HOSPITAL OR INSTITUTION OR STREET ADDRESS RELIGIOUS BEONDOR	ADDRESS (If rur	al, give location)
3. NAME OF (First) (Middle)	(Last)   4. DATE	(Month) (Day) (Year)
(Type or Print) / el leaur Heury	CELONE DEATE	· 1.0.1 2
5. SEX   6. COLOR OR RACE   7. SINGLE, MARKIED		birthday   If Ander, 1 year   If under 24 hrs.
WIDOWED, DEVORCED, (Specify)	July 24 1882 68	yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work most during most of working life, even if retired)  INDUSTRY  10b. KIND OF BUSINESS OR INDUSTRY	A. BINTHPLACE (State of foreign coun	COUNTRY?
13, FATHER'S NAME.	14. MOTHER'S MAIDEN NAME	4.7.
1 M- (1-10	200	0.3000
James S. / Jaserra	Marie One	
(16) WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	
service) 1/	Noveleles, Mers	Ferr
	0.000	100/1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIPICATION CErwell 3	INTERVAL BETWEEN ONSET AND DEATE
443X Dolla tola	E. O. N	
Immediate cause (a)	accuse	A
Antecedent cause(s) General Edil	endelle under	′
Diseases or conditions, if any, (b) (b) (b) (b)	e Carolia Value	ol
(e) (N)	Da Il y D	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	13.00	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	of Startingt C	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	-)	26. AUTOPSY?
1/		Yes 🗆 No 🗍
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SPECIFY SPECI	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work C At work		
INJURY m.   Work   At work	1	
22. I hereby certify that I attended the deceased from	19.5.7, to	., that I last saw the deceased)
alive on 19 119		on the date stated about 7 July 3
SIGNATURE (Degree of title	ADDRESS SOLO NA A	DATE SIGNED
23. BURIAL, CREMATION   DATE / NAME OF CEMETER	DV AD TO THE TOTAL OF THE TOTAL	
Benoval 16/55 Mec 194	a land	City, town, cr county) (State)
DATE REC'D BY LOCAL BEGISTRARYS SIGNATURE	24, FUNDEAL DIRECTOR	ADDRESS
-MEG Start Character	4 M. Cook Jac. 1217	St. Paul ST
	V /	



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6218

CERTIFICATE OF DEATH

eg. Dist. No.

	6218 CERTIFICATE OF DEATH Reg. Dist.	No
	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTRINUE WUNDER MARYLAND STATE M. COUNTRINUE (	crundel
TOL	OR and give negrest town)  CITY (If outside corporate limits, write RURAL and (in this place)	give nearest town)
Te a	X TOWN Vanisher, Md. TOWN Chanover	X
y and legibly	HOSPITAL OR INSTITUTION OR STREET ADDRESS OF 462 Vanorer, Ma ADDRESS of 462 Vanore	-10'
cieariy	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day	· · · · · _
	(Type or Print) Shull Maler My Ithly DEATH- Will 20	
death		YEAR IF UNDER 24 HRS. Days Hours Min.
IO.	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 1 work one during most of working life, even in feetfield): (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. CITIZEN OF WILAT COUNTRY?
causes	13. FATHER'S NAME: MATTHEWS 14. MOTHER'S MAIDEN NAME: Puce	
e the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. TO SORMANT ADDRESS GIL (Yes, no, or unk.) (If Yes, give war or dates of service)	atthews
write	18. MEDICAL CERTIFICATION	7, 110.
	I. DISEASES OR CONDITIONS DIRECTLY MADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
please	Immediate cause (a) Carcinoma / Blooder	9 mg.
0.0	DUE TO	
cıar	Antecedent cause(s) Diseases or conditions, if any, (b)	
Physicians	giving rise to the above cause DUE TO stating underlying cause last	
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not	
ımportant.	related to the disease or condition causing death.  18a, DATE OF OPERATION: 19b, MAJOR FINDINGS OF OPERATION:	1 20. AUTOPSY?
odt	E/ 1	Yes No
>	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CFTY OR TOWN) (COUNTY) SUICIDE OF office bldg., etc.)	(STATE)
especiall	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?  While at Not while Injury Occur?	
0) 83	22. I hereby gertify that I attended the deceased from Van. 12, 1951, to hely 2219.55, that I last s	aw the deceased
-	alive on	stated above.
age	SIGNATURE Manhaliney M.D. Savoge, Med	DATE SIGNED
	28. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATURY LOCATION (City, town, or continuous): fully 24. 1955 sts. Clar	ounty) (State)
	DATE REC'D BY LOCAY REGISTRAR'S SIGNATURE	THOMASS.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15 8-51



# CERTIFICATE OF DEATH

1. PLACE OF DEATH	PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY ANNE ARUNDEL MARYLAND	STATE Maryland COUNTY Anne Arundel		
CITY (Il outside corporate fimits, write RURAL   LENGTH OF STA	AY CITY (if outside corporete limits, write RURAL end give naerest town)		
OR and give nearest town)  X TOWN DAVIDSONVILLE  48 y	Davidsonville		
HOSPITAL OR	STREET (if rurel give focation)		
INSTITUTION OR RFD	ADDRESS RFD		
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)		
(Type or Print) JOSEPH ANTON	MAYR DEATH JULY 31, 1955		
RACE WIDOWED, D VORCED.	DATE OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24   Months   Days   Hours   M		
Male White (Spacify) Married Fe	b. 19. 1871 84 yr.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
'affred'Ret. Farmer Owned Farm	Germany USA		
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Unknown	Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY			
(Yas, no, or unk.) (If Yas, give wer or deles of service)	Manual To Manual San Command 4		
none	Mr. Thomas E. Mayr- Some as # 2		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAT		
HATTER IMMEDIATE CAUSE (A) CONTEN	line Heart Forence 1+ 115		
ANTECEDENT CAUSEIS) DUE TO	1 1		
DISEASES OR CONDITIONS, IF ANY, (B)	-i-til f M.		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYTING CAUSE LAST DUE TO	Low Fibrillation 1 feet		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	11.00		
DISEASE OR CONDITION CAUSING DEATH,	LE VECTO CELLI		
196. MAJOR FINDINGS OF OPERATION	20, AUTOPSY? YES NO		
21a. ACCIDENT WAS UNDERLYING 2 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not White of Work of work of work			
22. I hereby certify that I attended the deceased from	26, 19 ), to 11 1 31, 19 1, that I fast saw the decea		
alive on 19 19 and that death occur	rried at a interpretation on the date stated above.		
BIGNATURE	ADDRESS (Street, city, town, stela) 3 DATE BIGN		
Lander & Herrico - M.O. White Marker M. 1. 7.31			
23. BURAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State		
Burial August 3, 1955 Our Lady	of Sorrows Cent. OWENSVILLE, A.A. Co. Md.		
4. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	OI SOTTOWS GENETAL DIRECTOR'S SIGNATURE AP GO MC		
	the later to the state of the s		
ATE August 1, 1955 ( OAMIR WILL	Y A GOTTING PONETRIC MCHELL ATTAPOLIS, MD.		

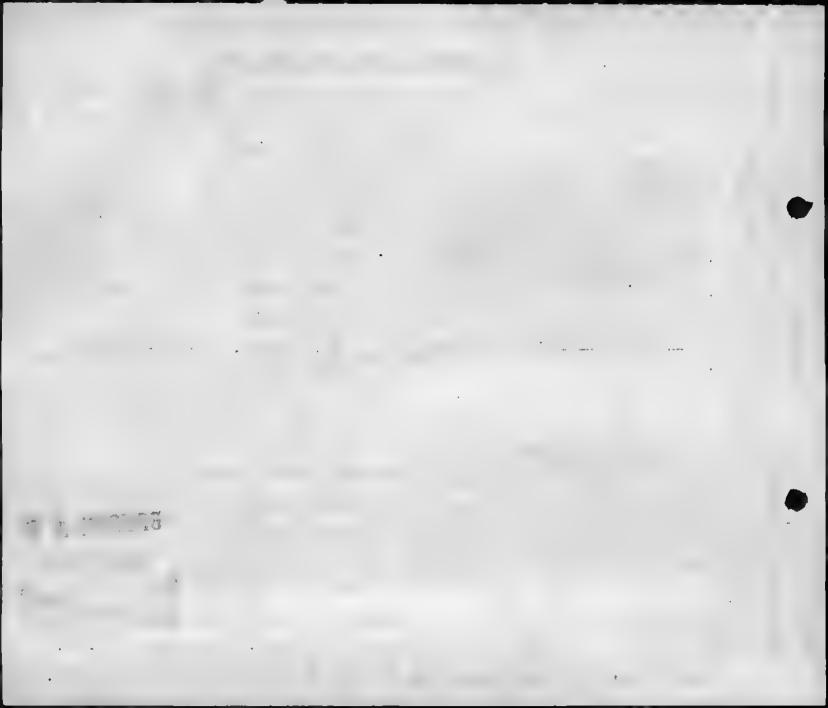
NSTRUCTIONS

this

registrar within P. hours affer denth. After by the funeral director, the third copy of

<u>후</u> .드

ATTENDING PHYSICIAN OR HOSPITAL: The law require that the deal sertificated executed within 24 hours after death. The bottom copy may be refained by the hospital or attending physician. certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.



The correct ags

PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

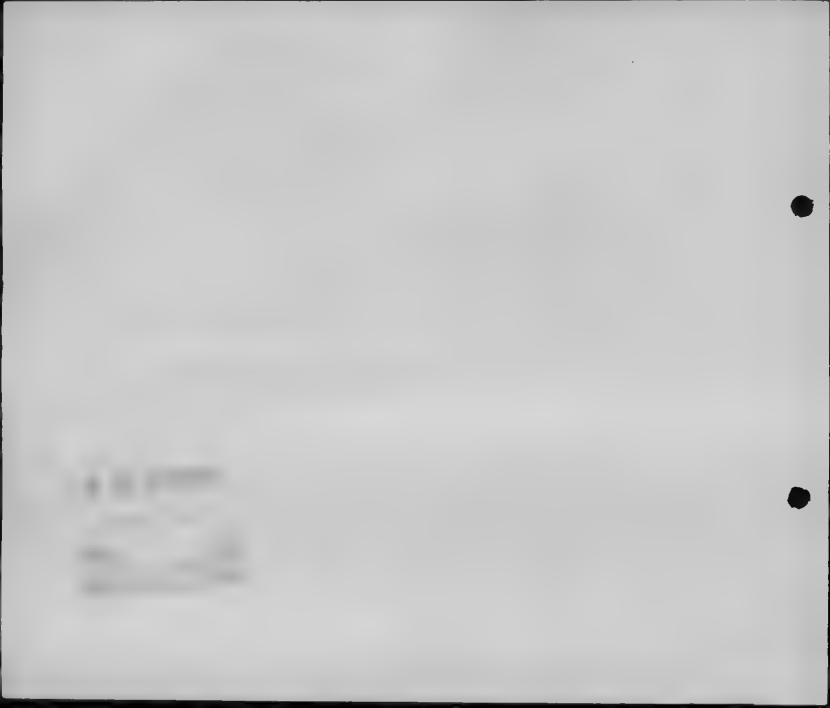
• pectally important. Physicians: please write the causes of death clearly and legibly.

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	a-ogi artor (typecomin je e .,
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY	virginia
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN P.O. Pasadona LENGTH OF STAY Fow Seconds	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
HOSPITAL OR	CTREET (Management)
INSTITUTION OR WOODS TOAT Growner School of	ADDRESS (AF FURAL, give location)
OD STREET ADDRESS Hash Point.	ADDRESS 1A20 Dogwood Drive
DECEASED	OF (Month) (Day) (Year)
(Type or Print) Ltd James Milisterff  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	DEATH July 19 1955 19
WIDOWED, DIVORCED.	Months   Dave   Hours   Miss
10a. USLAL OCCUPATION (Give kind of work) 10b. Kind of Business OR	8/18/18 36 yrs. Mounts Days Hours River.
Major in the U.S.A.Air Forces	Bison, S.D. Courte
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Milisterf	Mary ?
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, rive war or dates of Air Forces, presently	U.S.Air Force Records, Capt. J.R. Finn
16. MEDICAL CE	
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
9/ 44	
Immediate cause (a) Charred and m	utilated beyond recognition Sudden
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
21 INCERNAL CAUSE WAS 1 EIMAPY X OR CONTRIBUTING OF _ office bldg., egc.)	(CITY OR TOWN) (COUNTY), (STATE)
CAUSE OF DEATH OF OFFICE HIDE (C)	High Point P.O. Pasadena. A.A. Maryland.
TIME (Month) (Day) (Year, (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY7/19/55 12.30 P.M. While at Work Industry work	Callision in the air.
from: natural causes, ', accident x, suicide, homicide ), SIGNATURE (Degree or title)  Deputy Medica	untopsy . Inspection X Inquiry X thereon and from the evidence used died on the dry stated above, and death in my opinion resulted undetermined .  ADDRESS DATE SIGNED
AND MATION DATE THEREOF NAME OF CEMETE	Gian Burnie, Md. 7/20/55
Diorette 19 your 1755 are he	Ef Com. ark. Va
DATE REC D BY LOCAL RECISTRAL'S SIGNATURAL OF THE STREET O	- V

5.5

ASE WRITE



this s

registrar mithin 7 murs after duath. After by the funns! director, the third copy of

## CERTIFICATE OF DEATH 6163

Reg. Dist. No. ....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY ADDE HRUDGE / MARYLAND	STATE MARY And COUNTY BALTINGA		
CITY (If outside comprete limits write DIDA) IED CTH OF STAY	CITY (H outside comporate fimits, write RURAL and give naerest town)		
TOWN AND APOLIC	TOWN BAITIMORE 23 3VOI-4		
	STREET (If rural give location)		
INSTITUTION OR DAY OF CT	ADDRESS 406 S. PAYSON ST.		
40			
3. NAME OF (Nist) (Middle) DECEASED //	(Last) 4. DATE (Month) (Day) (Year)		
(Typa or Print) NOIAN FRANKLIN ///	1/128 DEATH JULY 30 1955		
5. SEX 6. COLOR OR 7. SINGLE, MARRED, 8 DATE C	OF BIRTH 9. AGE last withday / IF UNDER 1 YEAR   IF UNDER 24 HRS.		
M W (Specify) WARRIED NOW	/ 1/- 1915 J-Y yrs. Months Doys Hours Min.		
10a HSHAL OCCUPATION (Give kind of work   10h KIND OF RUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
relief V SOF C TO P SO WORK INQUESTRY WORK	MORK PENNA		
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME		
tohaples + WillEdenie 17-13	SOCAPRIE FARINGHER		
- 122/20/	SP CAPRIE FARING HER		
[Yas, bor unk.] (If Yas, give wer or detes of sarvice)	CATHERINE B. MILLER 406 STAYSONS		
1/0			
18, MEDICAL GERTIFICATION INTERVAL ONSET ALL ONSET ALL			
12 8 HOLESTON CALLER IN MULTIPLE SOMERE	According Inturies 1 Ha Simil		
alle to	Account of the stay		
ANTICIDITY CAUSICS			
GIVING RISE TO THE ABOVE CAUSE			
(C)			
DISEASE OR CONDITION CAUSING DEATH.			
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
O SCIENT WAS INDEPENDED TO COME DIAGRAM	YES NO 21c. WHERE DID INJURY OCCUR? (City or town) (County) , (State)		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc.)			
	1011ES TATION KITCHIE HYPLIALI		
While Not while	AUTO AECIDENT		
	1955, to 305 JULY , 1955, that I last saw the deceased		
	ADDRESS (Street, city, town, state)  ADDRESS (Street, city, town, state)  ADDRESS (Street, city, town, state)		
SIGNATURE	ADDRESS (Streat, city, town, state) DATE SIGNED		
MI CX thile Circ 75-62/1 M.D	Cakhearak annuggory me		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stole)		
1008,AL 17093-1955 /200 dow	PARK PARKTOI PIL		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE	11077-CY10/11 Walters		
	CITY (If outside corporate limits, write RURAL and the place)  Or and give means town)  HOSPITAL OR HO		

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician. ATTENDING PHYSICIA



11 (11

### 6169

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.....

서 류	1. PLACE OF DEATH	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	
11 9	county Arme Arundel MARYLAND	STATE Maryland County	alie
sfully gibly.	CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN Annapolis	e nearest town)
) care	HOSPITAL OR Anne Arungel General	STREET (If rural, give location) ADDRESS 33 Hutton Place	1
nation rly a	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) OF	(Day) (Year)
NG of information carefully. death clearly and legibly.	(Type or Print) OII (157)  5. SEX  6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED;	8. DATE OF BIRTH   9. AGE last birthday   If under	year    If under 24 hrs. Days    Hours    M's.
ING n of ju deatl	5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED; (Specify)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
OR BINDING every item of ne causes of dez	13. FATUERS NAME 2. Morre , Ja.	14. MOTHER'S MAIDEN NAMED	4-4-04
eve e ca	16. WAS DECEASED EVER IN U.S. AHMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	LE INFORMANT AND ADDRESS,	in-1
0.0	18. MEDICAL CE	RIFICATION	1 1 1 1 1 1 1 1
RESERVED I FINK. Supple: please write	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
ESERVINK.		nade due to stab wound of chest	
NAÁGIN RI INFADING I Physicians:	Antecedent cause(s) involving myo( Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest	cardi um	
NFA NFA Phys	II. OTHER SIGNIFICANT CONDITIONS		4
ن ب	Conditions contributing in the death but not related to the disease or condition causing death. Coronary occl.	usion: Myocardial infarct	
TH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes C No C
PLAINLY, WITH	21. FYTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING DOOR office bldg., etc.) OF office bldg., etc.) INJURY home of friend	(CITY OR TOWN) (COUNTY) Annapolis Anne Arund	(STATE)
ALY.	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR!	
2 S S S S S S S S S S S S S S S S S S S	INJURY 7/25/55 12:45 Am.   White at work	i Stabbed with knife during alter	cation
	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes and occident said said said.	ased died on the day stated above, and death in my undetermined ].	from the evidence opinion resulted
	SIGNATURE Degree or title	ADDRESS	DATE SIGNED 7 26, 1955
= ahs	2º RIAL CREMATION   DIME THEREOF ADDAME OF CEMETE	1776 01.	
न्ता न्यू ट्यार	Busines James 30 55 Western	Maple Rural Westing	notes ms
بد	DATE REC'D BY-LOCAL REGISTRARE SIGNATURE	2. FUNERAL DIRECTOR 2. S. Mariels. D. West	Mechaler
			22-





the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6221

A

### CERTIFICATE OF DEATH

06221

Reg. Dist. No. 2

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY A H. MARYLAND	STATE COUNTY A + CO
CITY (if outside corporate limits, write RURAL LENGTH OF STAY	
OR and give nearest town) (in this place)	TOWN, PIUA
	1 1011
HOSPITAL OR INSTITUTION OR STREET ADDRESS WIFE IN THE INSTITUTION OR A STREET ADDRESS WIFE IN THE INSTITUTION OR A STREET ADDRESS WIFE IN THE INSTITUTION OF THE INST	STREET (If rurel give focation) ADDRESS
1110 611/2/64 100 1010 7 11	ue -
3. NAME OF DECEASED [-] (First) (Middle) / DECEASED [-] (Type of Print) [-] (TARE)	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH /7 5 ( )
	161
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	DATE OF BIRTH  9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Months   Days   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
B RERT Nott	ita iPFL ITACA
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS
(Yes, ne. or upk.) (If Yes, give wer or detes of service)	- ITRS WALLAGE 772
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
1 Distasts ok Conditions directly trading to brain	
ILL IMMEDIATE CAUSE (A)	uper valarios : Their
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
THE OTHER COMPLEANT COMMUNICATION COMPRISITIONS	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	i stire 37 yoursen 4-5 po.
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO [7]
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, factory, OR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (Cily or town) (County) (State)
21d. TIME OF INJURY (Month) [Dey) (Yeer) (Hour) 21e, INJURY OCCURRED	211. HOW DID INJURY OCCUR?
M. st work twork	•
	we was the second
	19 14 to 19 15 the deceased
alive on, 19, and that death occur	rred at
SIGNATURE 1	The state of the s
// 1777.1'C1 M.	
AND THE PROPERTY AND TH	ERY OR CREMATORY LOCATION (City, lown, or county) (Slete)
TREMOVAL (SPECIFY)	MACFLIGART LINE Z
24. REC'D BY REGISTRAR REGISTRATE SIGNATURE	A 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 7/29/55	I safey "It of or our land note "4.1



(Specify)

10b. KIND OF BUSINESS

OR INDUSTRY

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

40 mm

Fran. Jura

196. MAJOR FINDINGS OF OPERATION

21b. PLACE (Home, ferm, fectory, OF INJURY street, office bldg., etc.)

While

at work

21e. INJURY OCCURRED

Not while

,M. D.

et work

00000

		07.4	0
Reg. Dist	No.	. ^	
(E) OF DECEASE	b		
COUNTY nte RURAL end give nee	.5		
nte RURAL end give nee	rest town)	de.	
	69X	-3	
(If rural give location)			1
ATE (Month)	(Day)	(Yee	V
F		,	
birthdey IF UNDER	1 YEAR	19 IF UNDER	24 HRS.
Months	Deys	IF UNDER	Min.
	. CITIZEN	OF WHA	1 1 10
	COUNT	TRY?	
	- 44		
4 1			
Le.LE. Stre	t.	30 m 30 g	وبقر
	ONS	VAL BETWEET AND DE	ATH Md
	50	4. and 14	tru
		AUTOPS	12
	YES		
own) (Cour	nty)	(Stele)	
<u> </u>			
-39	last cau	the dec	ancod
on the date state			99360
net, city, lown, stele)		ATE SI	SNED
Evland Ji	ilv 3	, 195	5
N (City, fown, or county	1	(S)	ele)

4. D

9. AGE last

11. BIRTHPLACE (State or foreign country)

ingra And

14. MOTHER'S MAIDEN NAME

21c. WHERE DID INJURY OCCUR? (City or

ADDRESS (Sir

LOCATIO

21f. HOW DID INJURY OCCUR?

Peverlev Mass

17. INFORMANT & ADDRESS

0

PI

NSTRUCTION that the 2.5

with

cate be filed completely f pllysician. certificate or affending physician are use use as <u>a</u> death be assembly should be affected for us the hospital 5 HHYSICIAN OF be ratained Way. certificate has be The bottom comy 2

10.M

A15C

22. I hereby certify that I attended the deceased from the second of the BURIAL, CREMATION, REMOVAL (SPECIFY) REC'D BY REGISTRAR

10a. USUAL OCCUPATION (Give kind of work

13. FATHER'S NAME

done during most of working life, even If

15 WAS DECEASED EVER IN U. S. ARMED FORCES?

IMMEDIATE CAUSE ANTECEDENT CAUSE(S)

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

218. ACCIDENT WAS UNDERLYING FT

OR CONTRIBUTING | CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yaer)

19a. DATE OF OPERATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Alfred Theodore Nowak

DUE TO

(If Yes, give wer or dates of service)

DATE THEREOF NAME OF CEMETERY OR CREMATORY

raming to Sucond Jamera d Jan 1948 25. FUNERAL DIRECTOR'S SIGNATURE

Fort G. G.

and that death occurred at . In 5.8M, from the causes and

Çızı.

.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6224 CERTIFICATE OF DEATH

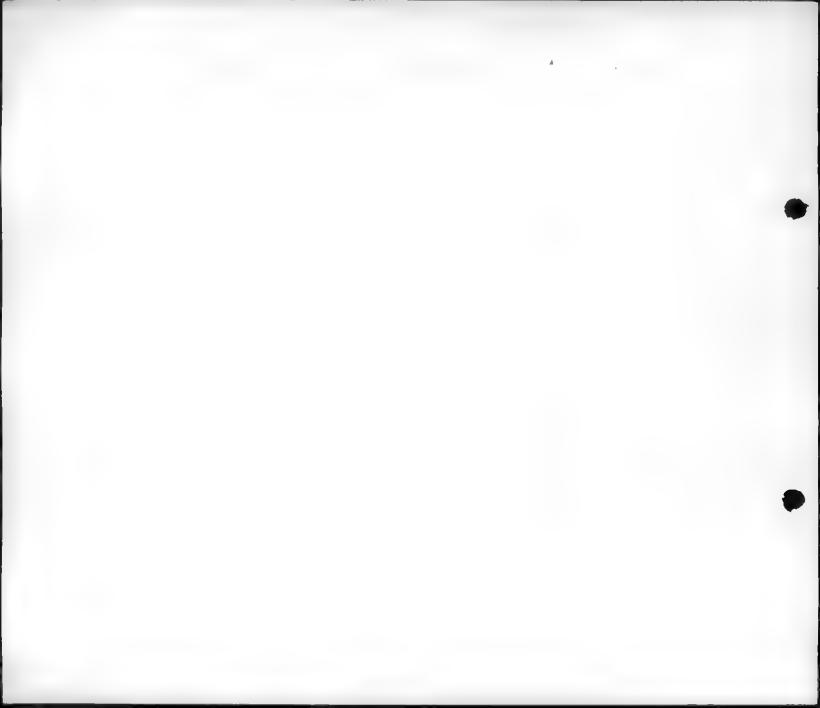
CERTIFICATE OF DEATH

Reg Diet No.

						AND OR DAI			7781. 110,	*** *
legibly.	1. NAME O (Type or Pri	nt)	70H	N C	BRIE	4	2	OF DEATH	8/55	
and le		o City,	Maryland X			A. STATE	DENCE (When	re decensed lived. If 6. COUNTY		idence dmission)
clearly a	B. FULL NA HOSPITAL INSTRUCTION	OR.	eade 5		on, give street address locati		Bali	side corporate limi		and give township)
death cle		of stay in	n Baltimore		Yr Mc Da		Wild	wood	ankwa	vI
of de	S. SEX	6 Cc	NOR OR RACE		AHTLE A	Det 20	1467	AGE (In years last birthday) M	H linder I Year   H is onths: Days   Her	ofer 24 Haus ers Min.
causes	Soldie!	nout of working	TION (Give kind of partition)	108. KIND	au for C	11. BIRTHPLACE	AAAA	gn country)	12. CITIZEN WHAT CO	
the c	13. FATHER	73	u100	Bre	'Eu	14. MOTHER'S N	ALIGEN NAME	UOU		
e write	15 WAS DEC	own) (If:	R IN U. S. ARMED	of service)	16. SOCIAL SECURITY NO			weed as	DORESS A	1.,
please	18. 4	-			CAUS	E OF DEATH			INTERVAL ONSET AN	
		LEA	CONDITION DING TO DEAT nean the mode o	H	ARI	ERIOSCLI	EROTIC	CARDI	0-	
ians	heart:	failure, ast	henia, etc. It measication which c	ns the discase	R (Sp) are a sin or	SCULAR	**************************************	********************	177 T 77	************* * ·*
Physici	7	ANTE	CEDENT CAUS	ES	male I	mirculis	P. into	ection -		
	RISE 1	O THE AB	CONDITIONS, IF OVE CAUSE (A) CONDITION LAS	STATING THE	(0)	sterier by	. // _	Tricks + 54	tum	************* ****  * ****
important,	TRIBU'	TING TO T	II ICANT CONDITED BUT IN CONDITION	NOT RELATED						
especially	IF OPERA	TION WAS	RELATED TO		F OPERATION	198. CONDITION F WAS PERFORMED	FOR WHICH	OPERATION	20. AUTOF	SY7
esp	22 I ce	rtify tha	t I took charg	e of the r	emains described	above, held an A	utopsy X,	Inspection X,	Inquiry [],	and
ge is	manner		)	1 Nati	irai causes (A),				, Undetern	nined
eş	23A, SIG	1	milt	me	en_	M D. MEDICAL IN	MEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICATOR	MINER 5	PATE SIGNI	
correct	TION, REMOVA	L (Speelfy)	248. DATE	5.5	**************************************	FRY OR CREMATOR		TION (City, town,	or county)	(State)
	DATE RECEI		REGISTRAR'S	SIGNATUR		25. FUNERAL DI	RECTOR	1 TH Par	ADDRESS	1
						74 1 1 1 1 1 1 1 1 1		1 Part of Black		

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully

RGIN RESERVED FOR BINDING



06225 Reg. Dist. No. 2/ USUAL RESIDENCE (HOME) OF DECEASED (If rural give location) (Dev) (Year) 10 FUNDER 1 YEAR IF UNDER 24 HRS Deys Hours CITIZEN OF WHAT

> INTERVAL BETWEEN ONSET AND DEATH

COUNTRY?

Min.

(County)

20. AUTOPSY YES 🗔 NO

DATE SIGNED

(State)

LOCATION (CIN, TOWN; or county)

(atate)

ADDRESS



this this

copy of

24 hours after death. registrar within 72 hours after death. After by the funeral director, the third copy of Within ATTENDINE PHYSICÍAN OR HOSPITAL: The law requires that the death certificate be executed. The bottom copy may be retained by the hospital or attending physician. the .⊑ TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

**NSTRUCTIONS** 

2

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CEDTICICATE OF DEATH

06226

9170 CE	KIIFICAII	OF DEA	Reg.	Dist. No
I. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECE	ASED
		gni	D	120
COUNTY LL	MARYLAND	STATE C	COUNTY to limits, write RURAL and giv	le ce
CITY (If offside corporate limits, write RURAL OR and give nearest town)	(in this place)	OR / 🕖	re limits, write KUKAL and giv	· realest lows:
10 TOWN Camabotes		TOWN /	maker	n
HOSPITAL OR INSTITUTION OR //	1/2	STREET ADDRESS	of rural give loca	ition)
STREET ADDRESS ATOTICISTON	WALL CONVERT 3	173	210011	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Pa	1/1 FDAC	DEATH TALL	-71 -
7/1/M L 3	RRIED. 1 8 DATE :	V F E 1500	-JU./V	1953 INDER 1 YEAR I IF UNDER 24
5. SEX 6 COLOR OR 7. SINGLE, MA		OF BIRTH	AGE lest birthday AF U	
The Cale Titule 1200 xet	ower Uni	CHOWN H.	DOUT CHAN	
	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	s country)	12. CITIZEN OF WHAT
Critical of Land of the	Bartha	910000		275/7
13. FANTHER'S NAME	D	14. MOTHER'S MAIDEN N	AME	
711 +	2. 6.	92-1		
Themestocies I	averso	1672720		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DRESS DA	me as #1
110		n- Tar	teros	" ~
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAL	7- D. I.	S. J Q.		11.1 2 2
4 MANEDIATE CAUSE (A) (A.CAA	15 1 Munimum	Tuma c m	nung For	with I min
ANTECEDENT CAUSE(S) DUE TO	1- 0. +	0 1 1/	1 -1 - 1	let.
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	MANAD CHAPA	Lav. on	romy	- m
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)	\ 1 - <del>  1</del>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Wel- Much mr	Montahin 17	no wer du	et late ille
DISEASE OR CONDITION CAUSING DEATH.			2.80	
196. MAJOR FINDING	GS OF OPERATION			20. AUTOPSY?
210, ACCIDENT WAS UNDERLYING 216, PLACE (H	ome, farm, factory,	21c, WHERE DID INJURY OCCUR	(City or Inwa)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street	et, office bldg., etc.)	ZIC, WILKE DID HOOK! OCCOR!	(City of lowil)	(would,
(IF EITHER, NOTIFY MEDICAL EXAMINER]   21d, TIME OF INJURY (Month) (Day) (Year) (Hour)   2	110 INJURY OCCURRED	21f. HOW DID INJURY OCCUR		
V	While Not white	ZII. HOW DID HOOK! CCCOK!		
M.   a	if work   at work	15 - 1	0.0	
22. I hereby certify that I attended the de	ceased from	19 5 Li 10	125	nat I last saw the decea
alive_on . )	nd that death occurred a	1. M, from the ca	uses and on the date	stated above.
BIGNATURE		ADDR	ESS   Stepet, city, town, stat	) DATE SIGN
Mannie MX	mans, MD./	mano	ind	7/4/5-5
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCAT ON (City, town, or o	ounty) (State
REMOVAL (SPECIFY)	5 Heek Min	al Countries	Baltimor	1. mi
24. REC'D BY REGISTRAR REGISTRATE	K KOUCK LINEY	1 25. FUNERAL DIRECTOR'S		// ADDRESS



0.4 m.4	-06227
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
TATION OF THE PARTY OF THE PART	No. 21
I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY 14. CO. MARYLAND STATE Nel COUNTY Q. Q	•
OR and eve nearest town)  TOWN  CITY (If outside corporate limits, write RURAL and OR OR TOWN  CITY (If outside corporate limits write RURAL and OR TOWN  CITY (If outside corporate limits write RURAL and OR TOWN)	give nearest town)
HOSPITAL OR STREET ADDRESS Q. Q. Gen. Kock ADDRESS (If rural, give location)	/
3. NAME OF	(Year) 19 55
5. SEX: 6. COLOR OR 7. DINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: 17 UNDER 1 YE WINDOWS DIVORCED, 7-5-1887 68 yrs. Months Day	
USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRGIPLACE (State or foreign country): 12.	COUNTRY A
13. FATHER'S NAME: Petrie Bridgett Palner	/
15. We Deceased Ever In U.S. Armed Forces? (Yes no, or unk.) (If Yes, give war or dates of service)  16. Social Security No.: 17 Information & Address: Colquery Colq	water Ml.
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  4343 Immediate cause  (a) Theorem (a) 2022  DUE TO	ONSET AND DRATH
Antecedent cause(s)	
Diseases or conditions, if any, (b)	91(1/12
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	<u> </u>
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yes 🗌 No 💆
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, street, office bldg., etc., long) INJURY	(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work	/
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [],	Inquiry [], and
find that death resulted from Natural causes , Accident , Suicide , Homicide , Undetern	mined cause [].
SIGNATURE  CHIEF MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT	7/7/55
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countries):	(State)
DATE REC'D BY LOCAL GREGET AS ENATURE   201 UNERAL DIRECTOR 131-	11 L DDRINGS SE
The state of the s	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 opy of CERTIFICATE OF DEATH Rea. Dist. No Item 4. FilmG188 10-21-55 et ď after o PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED hours a COUNTY LL MARYLAND (If pulside corporate limits, write RURA) LENGTH OF STAY (If outside corporate fimils, write RURAL and give negrest town and give nearest town) (In this pfece) TOWN TOWN STREET INSTITUTION OR **ADDRESS** within STREET ADDRESS 3. NAME OF (First) (Middle) (Lest) DATE (Year) DECEASED registrar by the f [Type or Print] DEATH July SINGLE, MARRIED COLOR OF 9. AGE last birthdey IF UNDER I YEAR HE UNDER 24 HRS WIDOWED, DIVORCED RACE (Specify) Wido Months Days Hours **.**≘. IGe, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with Filled done during most of working life, even if OR INDUSTRY COUNTRY? filed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completel howh å, &. SOCIAL SECURITY NO. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician death ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO that been executed by the seconds assembly shows detached 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a, DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 🔲 NO 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OF INJURY street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) (Hour) While Not whife at work at work DIREC 22. I hereby certify that I attended the deceased from.... 19 that I last saw the deceased uth certificate a 19 ..... and that death occurred at 5 alive on...4 ADDRESS (Street, city, town, stele) SIGNATUR certificate 23. BURTAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stele) REMOVAL (SPECIFY EGISTAR'S SIGNATURE

			,		
		V.			•
	•				
» À					1
The same of the sa	of	١			

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 6227

06229

Reg. Dist. No.....

O E			and the State of Stat
青	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
9 0	A A	STATE GOLD COUNTY Q 4	
2年	COUNTY / MARYLAND  CITY III outside corporate limits, write RURAL LENGTH OF STAY	STATE LL C COUNTY LL  CITY (If outside corporata límits, write RURAL and give nearest town)	
director,	OR analogive nearest town	OR / / / /	,
	X TOWN ( STA)K POINT DEATHERS 40 July	TOWN Chief be forest le est Prosen la	ed X
<b>4.</b> 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	HOSPITAL OR	STREET (If rurel plva location)	1
570	INSTITUTION OR  77 STREET ADDRESS	ADDRESS	′
within	90	(Last) 4. DATE (Month) (Day) (Ya	ear)
	12	OF 17	heati
the the	(Type or Print) 1/29918 P.	C100 DEATH / 3-/ 19	55
	5. SEX 6. COLOR OK 7. SINGLE MARRIED, 8. DATE O		R 24 HRS.
2 2	RACE WIDOWED, DIVORCED,	7 1567 A Syrs Months Days Hours	Min.
후.드	10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS 1	11. BIRTHPLACE (Stata or foreign country)   12. CITIZEN OF WI	HAT
祖母二	dona during most of working life, aven if OR INDUSTRY	COUNTRY?	1741
<b>₩</b>	retired Housewise	CHAIR PT West Pour Ged	
ed with	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	In this was Durchan	11. A. W. A. 11	
rtificate be fi ind complete burial transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
ste b comp	Yes, no, or unk.) (If Yes, give wer or dates of service)	Bir It lead	
	Nan.	Red in Placede	
T E E		RTIFICATION INTERVAL BET ONSET AND	
0 E 40	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	/ III
physician use as	1150.0 IMMEDIATE CAUSE (A)	Ery Corrolling ! Od	1001
hysi use	ANTECEDENT CAUSE(S) DUE TO	1-1 1 1.1.1	310 "
547		we faller 71	1/1-4
for for	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OUT TO THE ABOVE CAUSE LAST.		4.
# 12 2	10 Williams	ceposis sue	asyen
uires that attending stached fo	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		10
des de	DISEASE OR CONDITION CAUSING DEATH.	much ago.	
e # e	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOF	PSY?
5 .		YES N	10 🔲
m 3		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State	ta)
다. 하하	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		
FOR: The executed mbly sho	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)   21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
<b>요</b> % 원	M. et work et work		
RECTOR: Ben exect assembly	Clay.	56 01 h. V. 55	
	22. I hereby certify that I attended the deceased from.	19.2.2, to 6.1	eceased
Ficate D	alive on all 19. 3.5, and that death occurred at		
	SIGNATURE	ADDRESS (Street, city, town, state) DATE	HONED
NERA ficate th cert 1-55 to	TX N'enducks M.O.	Alradu dides. Alla	
	23. BURIAL, TREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY (City, 1940, of county)	(State)
Certific death AISC 1-	REMOVAL (SPECIFY)		
^	24. REC'D BY REGISTRAR   REGISTRAYS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<b>F</b> %	24. REC'D BY REGISTRAR REGISTRAL'S SIGNATURE	1) FORERAL DIRECTOR'S SIGNATURE ADDRESS	
	DATE 7-25-55 // 11 11 10 11 10	Vileterned Hilding Sulstill lise	1
	., .		





#### MARYLAND STATE DEPARTMENT OF HEALTH

6229

# CERTIFICATE OF DEATH

FOR MEDICAL	L EXAMINER	S	Reg. Dist. No	Y-3
I. PLACE OF DEATH	I 2. USUAL RESIDEN	CE (HOME) OF DE		
Anne Arundel Maryland	STATE Maryland		COUNTY	
CITY (If outside corporate limits, write RURAL, and J.ENCTH OF STAY	CITY (Il outside c	orporate limits, write	RURAL and give	nearest town)
OR givengarest town Burnie 5in this place)	TOWN BE	ltimore		* Y . / - 24
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural,	give location)	4
STREET ADDRESS Furnace Creek	1114 W	Pratt St		1
5. NAME OF (First) (Middle)	(Last)	4. DATE OF	(Month)	(Day) (Year)
(Type or Print) RODERT J. R. HE		DEATH	7/8/5	5 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH	9. AGE last bis		year   If under 24 hr
M. White WIDOWED, DIWORCED, (Specify) Single	4/21/35		yrs.	
done during most of working lift ven if retired)   Industry Dest. Collection	11. BIRTHPLACE (S		(1) 12. Co	CITIZEN OF WHAT
13. FATTLER'S NAME	14. MOTHERS MAI	DEN NAME	4	MAA
Morrag. Pako	Waithan		40	
15. WAS DECRASED MYRH IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AN	ID ADDRESS	A	14-117.
15. WAS DECRASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	mrs Hatt	onine o P	who so	20 al P
18. MEDICAL CE	RTIFICATION		Mac 1-	MILL - VI
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onget and Death
117.				ONSET AND DEATH
Immediate cause (a) Accidental Drown	ing,	4 500 44 4	Sudde	en
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	**************************************	00 4 mA+ 0 004 4 55600000 4 4 4 44 5 5 5 5 5 5 5 5 5 5 5 5 5	AND THE ROLL OF SHEET WAS AND	40-01-01-bibyek-e-dard-r bidek-lemnis mann n.n.r. e e
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19n. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY!
				Yes 🗆 No 🗸
21 ENTEP AL CAUSE WAS PRIMARY Y OR CONTRIBUTING OF UTILITIES CPSE CTSE  AUGUST CFSE ATH	(CITY	OR TOWN)	(COUNTY)	(STATE)
CAUSE OF THATH	Glen Burn	ie A.A	. Md.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED   While at Not while	HOW DID INJURY	OCCUR?		
INJURY 7/8/55 5 A. m.   Work   Not wante X	Drowning			
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquary, find that said dece from: natural causes arcident D, suicide, homicide, SIGNATURE	ased died on the day	on <b>X</b> Inquiry <b>X</b> stated above, and	thereon and fredeath in my of	om the eriderer union resulted
Gustine It predientille Glan Bi	innio Ma	R /0	/==	
VI CREMATION   DATE THEREOF NAME OF CEMETE	urnie Md.	LOCATION (CI	/ 00 ty, town, or county)	(State) 7
R. 7101/53 Theostern	Les .	Ed a mid	do a si	State
DATE RICE BY ZOCAL REGISTRAR'S SIGNATURE	J.M. FUNERAL DIRE	CTOR	very yeary	ADDRESS -
****/ X/ S S S S S S S S S S S S S S S S S S	Volen I 7	turner es la	n Git	1 00
17 1 - 1 - une	7 4207 . 0			T-1146
17/8/SS Sth Atline	John J. C	evanyte	n 94	1-elin

The correct are

PLAINLY, WITH UNFADING INK—Supply every item of information carefully. MARGIN RESERVED FOR BINDING

WINTE

35.8

34.00

## 6239 CERTIFICATE OF DEATH

eg. Dist. No. 28

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECI	CASEU
COUNTY Anne Arundel	MARYLAND	STATE Marylan	d county B	altimore City
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		te limits, write RURAL and g	ive neerest town)
X TOWN Crownsville	o.ll. days	TOWN Balti	more	2401-4
HOSPITAL OR		STREET	(If rurel give la	cetion)
INSTITUTION OR STREET ADDRESS Crownsville State	Hospital	ADDRESS 125 Pr	ague Court	
	ddle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Levi	R	amsey	DEATH Jul	y 27 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVO	B. DATE O	F BIRTH 9.		UNDER 1 YEAR IF UNDER 24 HRS.
M Negro Specify) Unkn	own Unk	nown	74 yrs. M	onths Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
done during most of working life, even if OR IN retired) Unknown	IDUSTRY	Unknown		Unknown
13, FATHER'S NAME		14. MOTHER'S MAIDEN NA	AMÉ	
Unknown		Unkno	wn:	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. S	SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	
(Yes, no, or unk.) (If Yas, give wer or detex of service)	71 3	11	D	
Unknown!	Unknown	Hospital	necoras	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		ONSET AND DEATH
no a X		3 4 -		since 6/16/5
	nary Tubercu	LOSIS		stuce 0/10/5
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (8)  GIVING RISE TO THE ABOVE CAUSE  DUE TO				
, STATING UNDERLYING CAUSE LAST.				
(026 X) (0				
TO THE R SIGNIFICANT CONDITIONS CONTRIBUTING CNS S TO THE DEATH BUT NOT RELATED TO THE CHRONIC B DISEASE OR CONDITION CAUSING DEATH CHRONIC B	yphills rain Syndrom	e Associated wi	Known th Arteriosc	to us since 6/16
194. DATE OF OPERATION 196. MAJOR FINDINGS OF				20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING 21b PLACE (Home. OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)		He. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)
		21f. HOW DID INJURY OCCUR!		
While M. et work	Not while E			
22. I hereby certify that I attended the decease	d from June 16	., 19.55, to Jul	y27, 195.5,	that I last saw the deceased
alive on July 27, 19 55 and y				
	tal dealli occurred al		ESS (Street, city, town, st	
Haleler Heard Ka	mus			9/3/
23. BURIAL (REMATION) DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	county) (State)
¥ ///	2.		7	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25 FUNERAL DIRECTOR'S SI	GNATURE 7	ADDRESS
DATE 8 + 13-55	11100 -	1	7 /	
Total Control of the				

Alays to bear the micro-



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. . > PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: legibly Mary COUNTY STATE CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside comporate limits, write RURAL and give nearest town carefully. OR and give nearest town) (in this place) OR TOWN TOWN and STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS ! information c 3. NAME OF (Middle) (Year) 4. DATE (Day) DECEASED: OF (Type or Print) DEATH: dmmth COLOR OR 9. AGE last birthday: Of UNDER 1 YEAR | IF UNDER 24 HRS. 7. SINGLE. MARRIED. RACE: WIDOWED, DIVORCED, Months | Days Hours (Specify): of 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS DR II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF work done during most of working life, INDUSTRY: COUNTRY? item even if retired): Krusewife 13. FATHER'S NAME: every 15 WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.; (Yes, no, or unk.) | (If Yes, give war or dates of Sapply service) write 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death K. Immediate cause (a) .... DUE TO SN Antecedent causes (s) Physicians: Diseases or conditions, if any, (b) MARITIN giving rise to the above cause stating the underlying cause last. DUE TO UNF 11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. WITH import nt. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION AUTOPSY Yes No 2I. ACCIDENT (STATE) (Specify) PLACE (Home, farm, factory, street, off office bldg. etc.) (CITY OR TOWN) (COUNTY) SUICIDE OF INJURY PLAINLY HOMICIDE TIME (Month) (Day) (Year) empecially (Hour) INJURY OCCURED HOW DID INJURY OCCUR? INJURY Work 5 At Work , that I last saw the deceased WRITE 5 PM, from the causes and on the date stated above.
ADDRESS alive on 19...., and that death occurred at .82 SIGNATURE (Degree or title) Burnet NAME OF CEASTERY LOCATION (City, Jown, dy 囟 PLEAS DATE REC'D BY LOCAL REGISTRAR



20

A DIACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06234

#### CERTIFICATE OF DEATH 6233

Reg. Dist. No.....

i. PERCE OF DERTH	2. USUAL RESIDENCE (NOME) OF DECEASED
COUNTY ANNE ARUNDEL	STATE MARNIE A HID COUNTY ANDE ARUNDIEL
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give nearest town)
OR and give nearest town)  TOWN (API A B D PAD 1)  (in this place)	TOWN A ROLL OF PAGE
A GANFARD TANK	STREET (If rural give location)
HOSPITAL OR INSTITUTION OR .	STREET (H rural give location)
ON STREET ADDRESS 400 DIRLADVIEW LOLVD.	400 BROAD VIEW ISLUD
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) /2 4/4/2/15 8 A	DEATH JULY 10 55
CIAILE 1	11/4/2
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS  Months   Days   Hours   Min.
M (Specify) MARRIED OCTOB	ER 22 1892 62 YIS. MODINS DOYS HOURS MAIL
10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if OR INDUSTRY WCELTSO,	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if or INDUSTRY WCELLOD	BALTIMORE, MARYLAND 11.5.A.
relited CAPPENTER OUT OF LOCAL	14. MOTHER'S MAIDEN NAME
1. TATTER S TRAME	
WILLIAM KINGES	RLIZABET H
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 400 BECADVIEW
(Yas, no, or unk.) (If Yas, giva war or datas of service)	MRS AGNES L. RINGES GARLAND PARK, MD
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
443X IMMEDIATE CAUSE IN CARDIAC U	ECOMPENSATION
ANTECEDENT CAUSE(S) DUE TO	1 . 1/ 0 .
DISEASES OR CONDITIONS, IF ANY, (B) ARTERIOSCHEROTE	CARDIO VASCULAR VISEASE
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (riome, farm, factory, 2	Tic. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
	216. HOW DID INJURY OCCUR?
M, at work et work	
22. I hereby certify that I attended the deceased from MAT. 2	10.53° to 7//8' 10.53 that I had any the decreed
alive on	6.0 M, from the causes and on the date stated above.
0 11 4//	Cly Tour Give (Since), city, town, state) DATE SIGNED
3 / 13, Truy X Joue A Pill M.O.	Elect Busines / 4/ 1/8/00
23, BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City /town, or county) (State)
BURIAL 1/21/55 WESTERN	CEMETERY BALTIMORE, MARYLAND
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
De Colon 19 Chrandent	Was French Go 12, 55 Part ST
DATE M. Catalinette 70 volumes	MINING THE INTERIOR



Supply every item write the causes of

UNFADING INK. t. Physicians: please

WITH important

PLAINLY, sespecially i

WRITE

EASE

긥

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 6234

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06235

Reg. Dist. No .... I. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY. STATE and Anne Arundel

CITY (If outside corporate limits, write RURAL end give nearest town)

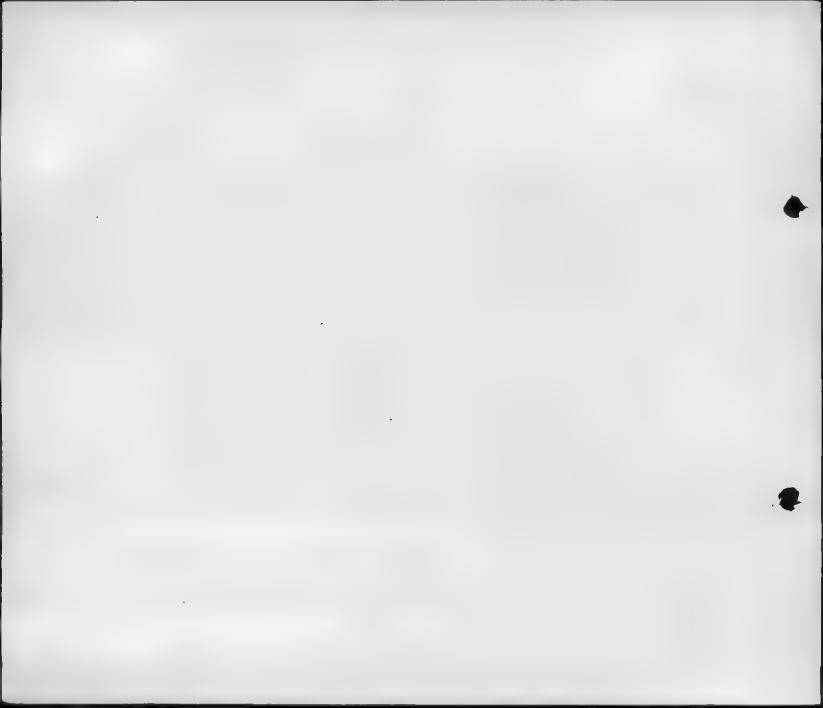
OR nne Arundel MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY few hours X TOWN P.O. Arnold TOWN P.O. Arnold HOSPITAL OR INSTITUTION OR STREET ADDRESS In the woods (If rural, give location) O OSTREET ADDRESS Broadwater Beach -Brood-water 3. NAME OF (Middle) (Month) (Year) (Dav) DECEASED nn Royer
7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Single DEATH July 13th 1955 (Type or Print) Margaret 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 3/26/97 58
II. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, avend retired Retire Registered Nurse

13. FATHER'S NAME Maltimore, Md. 14. MOTHER'S MAIDEN NAME Anna Jones Samuel A.Royer 17. INFORMANT 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unknown) | (If yes, give war or dates of 219-30-7666 Mr. Erick Scholtz (brother in law) service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE Coronary Occlusion Sudden Immediate cause Antecedent cause(s) ? (b) Cardio vascular diseases Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 📋 No 🔝 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) PRIMARY | OR CONTRIBUTING | CAUSE OF DEATH. OF INJURY HOW DID INJURY OCCUR! TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY work at work [ 22. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ..., accident ..., suicide ..., homicide ..., undetermined ... 7/13/55 PATE SIGNED SIGNATURE (Degree or title)
Medical Examiner, Glen Burnie, Md. Deputy 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) BREMONAL (Specify) July.16.55 Meadowbranch Cem Westminister DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR HENRY SANDER & ADDRESS SONS.INC. REG.

C) League

Baltimore Ma.

VS. A15A



間

C225	06236
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	No
100	
COUNTY HARE HRUNG CIC MARYLAND STATE M. COUNTY  CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL a	nd give nearest town)
OR and give nearest town   Bucht, (in this place)   OR TOWN BALLINGE	3 Vo 1-4
HOSPITAL OR STREET (If rural, give location ADDRESS 2	
STREET ADDRESS, 2(1.c. a) LL25 Mere book 4	<u> </u>
DECEASED:	ay) (Year)
5. SEX: 1 S. COLOR OR 17. SINGLE MARRIED. 18. DATE OF RIPTH: 19 ACE less highly to troppe	
M RACE: W WIDOWED, DIVORCED, 4/20/1888 67 yrs. Months	Days Hours Min.
work done during most of work life.   INDUSTRY:	2. CITIZEN OF WHAT COUNTRY?
even if retired): LABORER CITY OF BALTO MARY LAND	.2,4
THOMAS SANDS MARKET RANGE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of	
MRS. DAR SANDS 2625 Hur	San Stut
18. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) Custing Custing	museu
Antecedent cause(s)	
Discases or conditions, if any, (b) giving rise to the above cause DUE TO	* *** ********
stating underlying cause last (c)	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION; 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY  21b. PLACE (Home, farm, factory, office bldg., etc., INJURY)  (County)	(State)
2Id. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  While at Not while	
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [	Inquiry □ and
find that that resulted from: Natural causes D, Accident D, Suicide D, Homicide D, Under	ermined cause [].
SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION.   DATE THEREOF   NAME OF CLIMETERY OR CREMATORY   LOCATION (City, town, or	emnty) (State)
BURIAL 7/14/55 ST STANISLAUS TISALTIMORE	MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS
1 -3 - The Thomas KI LAOVE TO WE THE	TOS - HITEUN
("Mly".	INVE



ed sanin 24 hours after death.

72 hours after death. After this director, the third copy of this

registrar within by the funeral

ē. ģ.

certificate has blien elected by the attending physician and complicitly filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

2

6

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6238

## CERTIFICATE OF DEATH

0	6	2	3	7	
	-	,	-	Ψ.	

Crownsville State Hospital			Re	g. Dist. No	,, ,,, , , , ,,,
1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DE	CEASED	
county Arme Armindel	MARYLAND	STATE Md.	COUNTY	(d. hips	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL or	d give neerest town)	
X TOWN Crownsy 11e	(in this place)	TOWN DOT	1, 1	03	6
HOSPITAL OR	1 22 000	STREET	imore #-/	a location)	
10 STREET ADDRESS Crownsville State	Hospital	ADDRESS 3 600	HopewellAve.	· ·	1
	(Middle)	(Lest)	4. DATE (Moni		
DECEASED			OF		(Year)
(Type or Print) Lonnie		unders	DEATH JU		19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV	ED, 8. DATE (	OF BIRTH	9. AGE lest birthday	Months Deys	Hours   Min.
		known	10 yrs.	Months peys	Hours Min.
	O OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or fores	gn country)	12. CITIZEN	OF WHAT
retired) ——————	INDUSTRY	unknown		COON	"U. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	I	
Unknown			Unknown		
	. SOCIAL SECURITY NO.	17. INFORMANT & A	ADDRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Hospi	tal Records		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CEI	RTIFICATION			ET AND DEATH
27Y	1 7 77	. (m . a	10 \	01131	a .
	ebral Hyperpy	rexia (Temp. 1	TOO		8 hrs.
ANTECEDENT CAUSE(S) DUE TO	ain Tumor			1	vr.(?)
GIVING RISE TO THE ABOVE CAUSE	STIL LOUOT				× 1 + ( + )
STATING UNDERLYING CAUSE LAST. DUE TO Id	iot				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH					
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20, YES	, AUTOPSY?
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home	farm fectory	21c. WHERE D.D INJURY OCCUI	22 (City or town)	(County)	(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of IF EITHER, NOTIFY MEDICAL EXAMINER	ffice bldg., etc.)				
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. While	INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?		
M. et wo					_
22. I hereby certify that I attended the decea	sed from 7/25	19. 55. to 7/	27 1955	that I last saw	the deceased
alive on7/27					
SIGNATURE	mai deaut occurred a	ADDI	RESS (Streat, city, town	n, stata)	ATE SIGNED
tild Chigh He mhi	1 /21mo 2	USE Crownsvi	lle. Md.		7/27/55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (Gily, town	, or county)	(Stele)
REMOVAL (SPECIFY)	174.	? her.	15	11/1. h.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 / 1 / 1	2S. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
1	71/1	7-/ PARECIONS	diameters.	* ADDRESS	131
DATE 7-29-55	PT	1 C/101 2 . V	11-11-1	1 1 1 1	1 1/2 m

S. 18 3 98.

2401 - I

est s

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be relatified by the hospital or attending physician.

NSTRUCTIONS

## 6172

## CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF	DEATH				2. USUAL RE		(HOME) OF D	ECEASE	D		
COUNTY A	NNE ARUNDE		MARYL	AND	STATE MAI	and and	COUNTY	Anne	aru:	ndel	
CITY (If outs	side corporate limits, writ	te RURAL	LENGTH O	F STAY	CITY (If outs		mits, write RURAL a	and give nes	rest town)		
201401	ive nearest town)		(in this p	*	OR TOWN	Annapol	is.				
HOSPITAL OR	NNAPCLIS		4.5	yrs	STREET			ve location)			<u> </u>
INSTITUTION		sbury Sq.			ADDRESS		oomsbury	Se			
3. NAME OF DECEASE	(First)		(Middle)		(Lost)	14	DATE (Mo	nth)	(Dey)	(Yai	r)
(Type or Print)	MARY				SEARS		DEATH J	ULY 24	4, 19	55 19	
5. SEX	6. COLOR OR	7. SINGLE, MA	RRIED,	8. DATE	OF BIRTH	9. A	GE fest birthday		R 1 YEAR		24 1
Female	White	WIDOWED, (Specify) Ma		July	9, 1911		44 yrs.	Months	ON'S	Hours	M
10e. USUAL OCCL	JPATION (Give kind of most of working file, av	work 10b.	KIND OF BUSINES OR INDUSTRY	5	11. BIRTHPLACE (Stell	_	**	12	COUN	N OF WH. TRY?	ĄT.
retired) HO	most of working file, ev	own	n dome		Annapo.	lis, Ma	ryland		COUN	USA	
13. FATHER'S NA	ME				14. MOTHER'S	MAIDEN NAME					
	William W	Wilson			Mary	y Agnes	Jehnson				
15. WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SEC	URITY NO.		ANT & ADDRE				same	as
(Yes, no, or unk,)	(If Yes, give wer or de	eles of service)	Mana		16- Day	here a new	E. Sears:	Hangh		11 0	-
	(m) to the		None			THE TO	以上 [3] [2] [2] [2]			- F 4	
			None			rnard .	B. Deals	, mast		T A	/EEN
I DISEASES OR C	CONDITIONS DIRECTLY		18, MEI		RTIFICATION	rnard	B. Dears	, mast	INTE	RVAL BETY ET AND D	
153×1M	CONDITIONS DIRECTLY		18, MEI			rijard	e. sears	, mast	INTE		
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL	MEDIATE CAUSE ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST.	LEADING TO DEA'  (A)  DUE TO  (B)  DUE TO  (C)	18, MEI			ima	of Ca	lon	INTE		
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL  TI OTHER SIGNIFIC TO THE DEATH	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST.  CANT CONDITIONS COP BUT NOT RELATED TO T	LEADING TO DEA'  (A)  DUE TO  (B)  DUE TO  (C)  TITILIBUTING  THE	18, MEI			ima	of Ca	lon	INTE		
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERSIGNIFIC TO THE DEATH DISEASE OR CO	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST, ANT CONDITIONS COI BUT NOT RELATED TO TO SOUTH OF CAUSING DEA	LEADING TO DEA'  (A)  DUE TO  (B)  DUE TO  (C)  INTRIBUTING  THE	th In Italia	ani		uma	of Ca	lon	INTER ONS 2	MO-	S,
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL  TI OTHER SIGNIFIC TO THE DEATH	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST, ANT CONDITIONS COI BUT NOT RELATED TO TO SOUTH OF CAUSING DEA	LEADING TO DEA'  (A)  DUE TO  (B)  DUE TO  (C)  INTRIBUTING  THE	18, MEI	ani		uma	of Ca	lon	INTER ONS 2	MO-	S,
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL  IT OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 120. DATE OF OPI  210. ACCIDENT W OR CONTRIBUTING	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST, ANT CONDITIONS COI BUT NOT RELATED TO TO SOUTH OF CAUSING DEA	LEADING TO DEA'  (A)  DUE TO  (B)  DUE TO  (C)  VITRIPUTING  (HE  ATH.  215. PLACE (H	th In Italia	and		ima	of Ca	Cour	INTEL ONS	MO-	S,
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERLI  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  120. DATE OF OPI  210. ACCIDENT WO OR CONTRIBUTING (IF EITHER, NOTIFY	MEDIATE CAUSE ECEDENT CAUSE(S) ONDITIONS, IF ANY, THE ABOVE CAUSE LYING CAUSE LAST, VING CAUSE LAST, SANT CONDITIONS CON BUT NOT RELATED TO TO SINDITION CAUSING DEA ERATION 195  (AS UNDERLYING []  E] CAUSE OF DEATH MEDICAL EXAMINER)	LEADING TO DEA'  (A)  DUE TO  (B)  DUE TO  (C)  INTRIBUTING  THE  ATH.  ANAJOR FINDING  (Year) (Hour)	GS OF OPERATION  Iome, ferm, fector, et, office bldg., etc  White No	and	arcus	RY OCCUR? (C	of Ca	lon	INTEL ONS	MO-	S,
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 18.0. DATE OF OPI  OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ.	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE LAST, ING CAUSE LAST, ING CAUSE LAST, BUT NOT RELATED TO TO SOUTH OF THE CAUSE ERATION 195  (AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)  IRY (Month) (Dey)	LEADING TO DEA'  (A)  DUE TO  (B)  DUE TO  (C)  VITIREUTING  THE  ATH.  OF INJURY street  (Year) (Hour)  M.   6	GS OF OPERATION  Ideas of the state of the s	DICAL CE	21c. WHERE DID INJUR	RY OCCUR?	of Ca.	(Cour	INTER ONS  20 YES	AUTOPS  AUTOPS  (State	S .
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 120. DATE OF OPI  216. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJ.	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST.  CANT CONDITIONS COP BUT NOT RELATED TO TO SINDITION CAUSING DEVERATION  AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)  JRY (Month) (Dey)	LEADING TO DEA'  (A)  DUE TO (B)  DUE TO (C)  THE TO THE TO THE TO THE TO (Year) (Hour)  (Year) (Hour)	GS OF OPERATION  In the state of the bldg., etc.  In the state of the bldg., etc.  In	DICAL CE	21c. WHERE DID INJUR 211. HOW DID INJUR	ey occur? (c	ity or town	(Cour	NTES ONS 20 YES ONLY	AUTOPS  (State	S . Y?
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERLE IT OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 190. DATE OF OPI OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJURE OF INJURE OF INJURE OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJURE OF INJURE OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJURE OF INJUR	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST.  CANT CONDITIONS COP BUT NOT RELATED TO TO SINDITION CAUSING DEVERATION  (AS UNDERLYING DEVERATION DEVERATION DEVER CAUSE OF DEATH MEDICAL EXAMINER)  JRY (Month) (Dey)  TO CONTROL OF THE CAUSE OF	LEADING TO DEA'  (A)  DUE TO (B)  DUE TO (C)  THE TO THE TO THE TO THE TO (Year) (Hour)  (Year) (Hour)	GS OF OPERATION  In the state of the bldg., etc.  In the state of the bldg., etc.  In	DICAL CE	21c. WHERE DID INJUR	RY OCCUR?	ity or town 19.55	(Cour	NTES ONS 20 YES ONLY	AUTOPS  (State	S .
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19. DATE OF OPI 21s. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU  22. I hereby alive oned SIGNATU	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST.  CANT CONDITIONS COP BUT NOT RELATED TO TO SINDITION CAUSING DEVERATION  AS UNDERLYING IN ECAUSE OF DEATH MEDICAL EXAMINER)  JRY (Month) (Dey)  TO CONTROL OF THE AMOUNT OF	LEADING TO DEA'  (A)  DUE TO (B)  DUE TO (C)  NITRIBUTING  (HE ATH.  215. PLACE (H OF INJURY street  (Year) (Hour)  Attended the de	GS OF OPERATION  Iome, ferm, fector  et, office bldg., etc.  Iome of work of the other  coessed from	DICAL CE	21c. WHERE DID INJUR 211. HOW DID INJUR	RY OCCUR? (C	ily or town)  s and on the s (Street, city, tow	(Court	20 YES nity	AUTOPS  (State	S . Y?
ANTI DISEASES OR CO GIVING RISE TO STATING UNDERL  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 190. DATE OF OPI  210. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU  22. I hereby alive on-d SIGNATU  23. BURIAL CREA	MEDIATE CAUSE ECEDENT CAUSE(S) INDITIONS, IF ANY, THE ABOVE CAUSE YING CAUSE LAST.  CANT CONDITIONS COPE BUT NOT RELATED TO TO INDITION CAUSING DEATH AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) JRY (Month) (Dey)  TO COTTE THE TOTAL CAUSE  MATION, DAT PECIFY)  DAT PECIFY)  DAT PECIFY)  MATION, DAT	LEADING TO DEA'  (A)  DUE TO  (B)  DUE TO  (C)  VITRIEUTING  (HE  ATH.  215. PLACE (H  OF INJURY street  (Year) (Hour)  M.  Hended the de	GS OF OPERATION  Come, ferm, fector, et, office bidg., etc  White Diverse of the state of the st	PREED CEMETERY OF	21c. WHERE DID INJUR 211. HOW DID INJUR 213. S.J., IC	RY OCCUR? (C	s add on the S (Street, city, tow	(Court	200 YES	AUTOPS  (State	S . Y?
DISEASES OR CO GIVING RISE TO STATING UNDERL  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 190. DATE OF OPI  210. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU  22. I hereby alive on- SIGNATU  23. BURIAL CREA REMOVAL (SI REMOVAL	MEDIATE CAUSE ECEDENT CAUSE(S) SINDITIONS, IF ANY, THE ABOVE CAUSE LAST, VING CAUSE LAST, VING CAUSE LAST, ONDITION CAUSING DEA BUT NOT RELATED TO TO SINDITION CAUSING DEA ERATION 195  (AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)  IRY (Month) (Dey)  TO COPTE OF THE CONTROL OF THE C	LEADING TO DEA'  (A)  DUE TO (B)  DUE TO (C)  VITIREUTING  THE ATH.  OF INJURY street  (Year) (Hour)  M. of the deal of the de	GS OF OPERATION  Come, ferm, fector, etc.,	PREED CEMETERY OF	21c. WHERE DID INJUR 21l. HOW DID INJUR 21l. HOW DID INJUR CREMATORY Ceme tery	TY OCCUR? TO ADDRESS	ity or town)  Stand on the Street, city, town  Allon (City, town)	(County)	18 20 YES nivi	AUTOPS  (State	S .
DISEASES OR CO GIVING RISE TO STATING UNDERL  II OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 120. DATE OF OPI  210. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 21d. TIME OF INJU  22. I hereby alive on a SIGNATU  23. BURIAL CREA REMOVAL (SI BUT  24. REC'D BY REC	MEDIATE CAUSE ECEDENT CAUSE(S) SINDITIONS, IF ANY, THE ABOVE CAUSE LAST, VING CAUSE LAST, VING CAUSE LAST, ONDITION CAUSING DEA BUT NOT RELATED TO TO SINDITION CAUSING DEA ERATION 195  (AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)  IRY (Month) (Dey)  TO COPTE OF THE CONTROL OF THE C	LEADING TO DEA'  (A)  DUE TO  (B)  DUE TO  (C)  VITRIEUTING  (HE  ATH.  215. PLACE (H  OF INJURY street  (Year) (Hour)  M.  Hended the de	GS OF OPERATION  Come, ferm, fector, etc.,	PREED CEMETERY OF	21c. WHERE DID INJUR 211. HOW DID INJUR 213. S.J., IC	TY OCCUR? TO ADDRESS	ity or town)  Stand on the Street, city, town  Allon (City, town)	(Court	lest severed above ADDRESS	AUTOPS  AUTOPS  (State	S .



(Day)

(Year)

If UNDER 24 HRS

CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

3 davs

Known to

20. AUTOPSY? YES T

NO

(Stata)

(Stata)

since 11/28

COUNTRY?

U.S.

19 55



TO ATTENDING PHYSICIATE OF HOTHITAL

	72 1	direc	
	TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 t	funeral	
	gistrar	y the	
	16 F	in b	
	子生	D C	_:
	. <u>×</u>	Ē	J. L.
	filed	tely	ă.
-	pe	nple	ransi
79.0	cate	00	三世
2	ertifi	pue	buri
	ř	ian.	10
	dea	lysic	Se
	the	٠ <u>٦</u>	70
DIE G	that	ding	g R
	ires	aften	tach
DIII.	redu	e e	de
ב כ	W.E	ÿ	ğ
21110	he	<u>Б</u>	non
	ä	ecut	S S
2	TO	e X	ешъ
=	REC	реел	255
2	0	se	icate
2	RAI	to the	ertif
THE DOLLOW CODY MAY BE THEIR DY MY MESTING THE ENGINE PHYSICALL.	NE	ifica	death certificate assembly should be detached for use as a burial transit permit.
0	正	ceri	dea
	70		

ours after death. After this for, the third dopy of this

kecuted within 24 hours after death

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

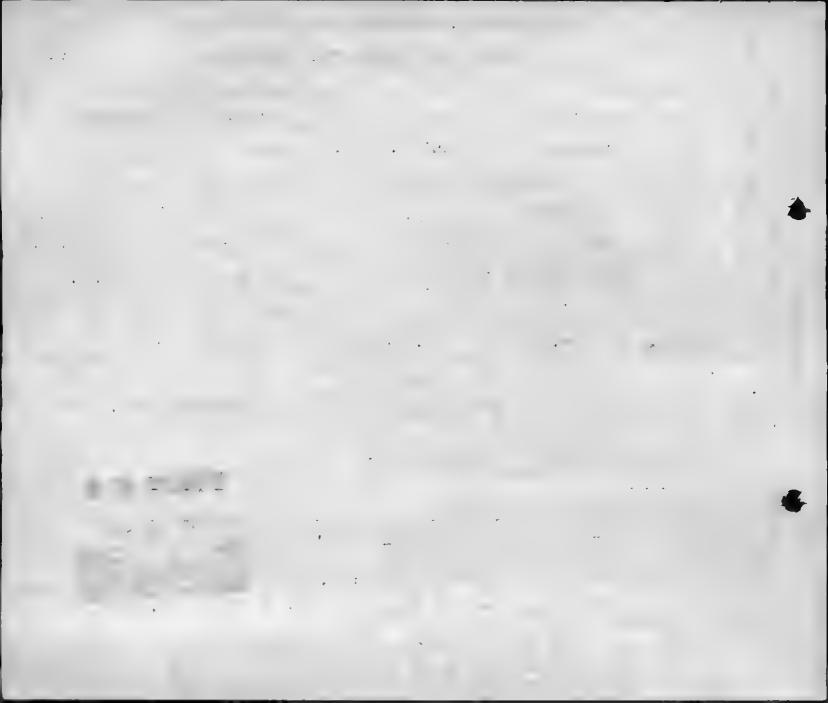
06242

## 6249 CERTIFICATE OF DEATH

I. PLACE OF DEATH	•		2. USUAL RES	IDENCE (HOME) OF D	ECEASED
COUNTY Anne	Arundel	PATRICALIS	STATE Mary	rland COUNTY	Baltimore City
	ate limits, write RURAL	LENGTH OF STAY	CITY (if outside	corporate limits, write RURAL a	and give nearest town)
OR end give neerest x TOWN Crophin	isville	4 mos. 22	daring JOWN Rall+	imore City	Maria de la
HOSPITAL OR	19 4 1 1 1 0	H MODERE	STREET		SV 1/2 If
INSTITUTION OR			ADDRESS	•	
	<u>rownsville Sta</u>			79 george Stree	et
3. NAME OF	(First)	(Middle)	(Last)	4. DATE Mo	nth) (Dey) (Year)
(Type or Print)	Mollie		Smith	iiiii i	7 7 19 55
5. SEX   6. COL	OR OR   7. SINGLE, A	AARRIED, 8. DA	TE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR HE UNDER 24 HR
Female Nes	WIDOWER (Specify)	Single	Unknown	720	Months Days Hours Min.
Female   Neg				(2) yrs.	
done during most of wo	rking life, even if	OR INDUSTRY	11. BIRTHPLACE (State of	or toreign country)	12. CITIZEN OF WHAT
retired) Unknow	m		Maryland		U. S.
13. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	
Alfred S	Smith		Georgi	ianna Smith	
15. WAS DECEASED EVER IN	N U. S. ARMED FORCES?	16. SOCIAL SECURITY NO			
(Yas, no. or unk.) (If Yes, s	give war or dates of service)	Unk.	Hagni	ital Records	
Oliv.	Unk.		CERTIFICATION	tal necords	INTERVAL BETWEEN
D.SEASES OR CONDITIONS GIVING RISE TO THE ABO' STATING UNDERLYING CA  II OTHER SIGNIFICANT CON TO THE DEATH BUT NOT I DISEASE OR CONDITION OF	VE CAUSE DUE TO USE LAST. (C) DITIONS CONTRIBUTING RELATED TO THE	nezalized Arte	eriosclerosis		
19a. DATE OF OPERATION		NGS OF OPERATION			20. AUTOPSY?
					YES NO DE
21a. ACCIDENT WAS UNDE OR CONTRIBUTING [] CAUSE (IF EITHER, NOTIFY MEDICAL I	OF DEATH   OF INJURY str	(Home, farm, fectory, reet, offica bldg., etc.)	21c. WHERE DID INJURY	OCCUR? (City or town)	(County) (Stata)
21d. TIME OF INJURY (Mo	nth) (Day) (Year) (Hour) M.	21a. INJURY OCCURRED While Not while et work at work	21f. HOW DID INJURY	OCCUR?	
22. I hereby certify	w that I attended the c	leceased from 2/1	5/55 10 10	7/7/ 10 5	2, that I last saw the decease
alive on7/7		A that doub	1 - 7 = 30n . 4	at a comprehensive of the control of	, most tast saw the decease
A SIGNATURE	1//	Hilde	garde Heard	the causes and on the a	Jate stated above,
The allens al	Dego 10 1		- 1 -		
23. BURIAL CEMATION.	DATE THEREOF	NAME OF ZEMETERY		rownsville, Mo	
REMOVAL VSPECIEN	-1/1-/	- TON LEMEIST	OK CKEMATORT	LOCATION (City, tow	n, or county) (Stata)
Burial	1//2/5	5 + ////	edrundes	m Balleme	re Marglano
24. REC'D BY REGISTRAR	REGISTRADA SIGNA	TURE	25. FUNERAL DIRECT	OR'S SIGNATURE	AODBESS /
DATE	13 1919	I Thick	- Trans	es A. 48	To really
	7 7 10			- / Y / Y Y	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06244 After ō CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Anne Arundel Maryland Baltimore COUNTY STATE COUNTY MARYLAND 72 hour Ill outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) and give nagrest town) (in this piece) lyr.6mos.25days. TOWN X TOWN Crownsville Sparks HOSPITAL OR (If rure) give location INSTITUTION OR ADDRESS within Crownsville State Hospital STREET ADDRESS None listed (Eirst) (Middle) DATE [Month] NAME OF (Lest) (Yeer) DECEASED OF registrar Hezekiah Stewart (Type or Print) DEATH 18 19 55 COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH AGE last birthdey IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DYORCED Negro Months Days Male (Specify) Married 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (Stelle or foreign country) 10b, KIND OF BUSINESS 12. CITIZEN OF WHAT done during most of working life, oven it retired) None listed OR INDUSTRY COUNTRY? Virginia U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Stewart Unknown physician. 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (il Yas, giverwar or dates of sarvica) Unk. Moul Hospital Records 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician 4 days Bronchopneumonia known to us ANTECEDENT CAUSE(S) Arterios clerotic Hypertensive Cardiovascular Disl sincel2 requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. affending DUE TO detached Known to us since II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Senile Psychosis DISEASE OR CONDITION CAUSING DEATH the 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO TH 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, farm, factory, (County) (State) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) FUNERAL DIRECTOR: certificate assembly 21d. TIME OF INJURY (Month) (Hourl 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work 22. I hereby certify that I attended the deceased from ... 1/5 ..., and that death pequired a8:15a...M, from the causes and on the date stated above. ADDRESS (Street, city, fewn, state) 10M certificate Crownsville, Md. BURIAL, CREAM NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REALCHAL (SPECIFY) REC'D BY REGISTRAR ADDRESS



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06245

6242

## CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY anne aunale MARYLAND	STATE D C , COUNTY
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporete fimits, write RURAL end give neerest lown)
OR and prive nearest town)  YOUN (in this place)	TOWN WASHINGTON 47%
HOSPITAL OR	STREET (If ruref give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 6353 - 315TST, N.W /
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) MARGUERITE KIRK S	WARTZ DEATH JULY 2 1955
5. SEX 6. COLOR OR 7. SINGTE, MARRIED, 8. DATE OF RACE WIDOWED, DIVORCED,	
(Specify) MARRIED MAY	7, 1878 77 yrs.   Manths   Deys   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHA? COUNTRY?
relired HOUSEWIFE HOME	AKRON, OHIO 4,5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-JAMES KIRK.	CHARLOTTE ?
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, of unk.) (If Yes, give wer or doles of service)	17. INFORMANT & ADDRESS JUHN C. SWARTZ
(Yes, no, of unk.) (If Yes, give wer or deles of service) NONE	NORTH BEACK PARK, MD.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
154X IMMEDIATE CAUSE (A) JA CINAMICA	.??
210 20 XI A	
DISEASES OR CONDITIONS, IF ANY, (8)	e Cardiae Sculure immediate
STATING UNDERLYING CAUSE LAST, DUE TO	20 +
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	na of scening 13 years
TO THE DEATH BUT NOT RELATED TO THE	staling to spring
DISEASE OR CONDITION CAUSING DEATH.  196, DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21s. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory, OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	PIF, HOW DID INJURY OCCUR?
M, et work et work	
22. I hereby certify that I attended the decase from a second	19. 19. 100 Deceased
alive on	
SIGNATURE	ADDRESS (Street, city, lown, stele)
23. BURIAR, CREMATION.   DATE THEREOF   NAME OF CEMETERY OR	CREMATORY (LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	4
24. RECTO BY REGISTRAR   REGISTRAR'S SIGNATURE	E EM, AKKON OHIO
Vin 2. 2 11/6 1/1 4/1 1 9/11/2011	West al Batter Du
DATE MILY & 900 Place Wash Williams	KOVEM U. MANGENEZ DECENDER IND



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06246

6943

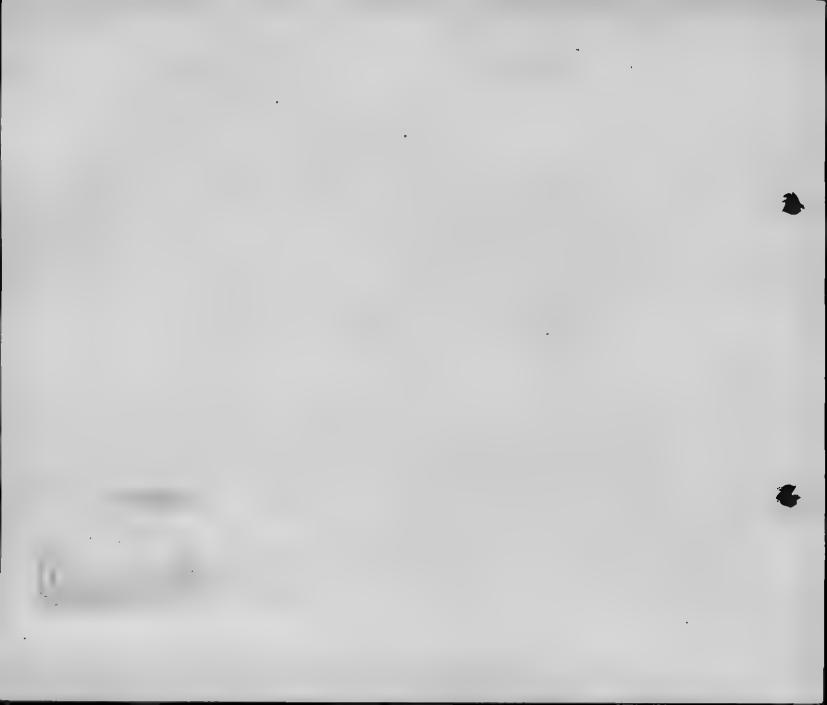
## CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2	. USUAL RESIDENCE	e (Home) of Deceased	
	COUNTY A. A. Co. MARY	LAND	STATE MARY'L	AN COUNTY A. A.	Co.
	C TY (if outside corporate limits, write RURAL LENGTH OR and give neglect town)		CITY (II outside corporete	kmits, wnto RURAL end give near	est town)
	TOWN	place)	marine Ch	was	V
	HOSPITAL OR		STREET	W60 d (If rural give location)	
	INSTITUTION OR		ADDRESS	(ii tdiai dive iocalioli)	/
	OT STREET ADDRESS				
	3. NAME OF (First) (Middle)	(Le	st)	4. DATE (Month)	(Day) (Yeer)
	(Type or Print)	-	77	DEATH 7	10th man
	DELIA COTEL	7	HOMAS		19 3 3
	S. SEX 6 CO.OR OR 7. SINGLE, MARRIED, RACE WIDOWED, D. VORCED,	8, DATE OF BIL	(In y.	AGE lest birthdey   IF UNDER   Months	Deys   Hours   Min.
	FEMALE Colored (Specify) W	16-17	-1888	67 yrs	0473 THOM:
	10e, USUAL OCCUPATION (Give kind of work   10b KIND OF BUSINI	\$\$ 11.	BIRTHPLACE (State or foreign	country)   12.	CITIZEN OF WHAT
	done during most of working life, even if OR INDUSTRY		Manylo	and of	COUNTRY?
	MOUSEWIFE		14. MOTHER'S MAIDEN NA	er a	0,3,14
	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	ME	
	PhILIP CHAMBERS	5	LUVENIA	GAFFETT	•
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SE	CURITY NO.	17. INFORMANT & ADD	RESS	
	(Yes, no, or unk.) (If Yes, give wer or detes of service)		7/:1 - 57	TOWNTT WAY	LM LINNE
	V(1)	EDICAL CERTIF	1070 KM 21	er I G'L MAI	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIF	ICATION		ONSET AND DEATH
	100 1 Paris (90) is 1	about the			Fina
	199, IMMEDIATE CAUSE (A)		TY IR		-0-1
	ANTECEDENT CAUSE(S) DUE TO				
	DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	···		· · · · · · · · · · · · · · · · · · ·	
	STATING UNDERLYING CAUSE LAST. DUE TO				
	(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE	ne	-		
	DISEASE OR CONDITION CAUSING DEATH.				
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATIO	ON			20. AUTOPSY?
	21e. ACCIDENT WAS UNDERLYING []   21b. PLACE (Home, farm, fector	21-	WHERE DID INJURY OCCUR?	(City or town) (Count	
	OR CONTRIBUTING [ CAUSE OF DEATH   OF INJURY street, office bldg., a		WHERE DID INJURY DCCOR!	(City or lown) (Count	y; (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	THE PARTY NAMED IN COLUMN	trave ble billing contint		
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCC	ot while	HOW DID INJURY OCCUR?		
	M.   et work L. J. e	t work			
	22. I hereby certify that I attended the deceased from .	July	19 97 , to	470, 1953, that I	last saw the deceased
	21/1 458	0 12	- 0	ses and on the date stated	
5	signature	Occurred ages		SS_IStreat, city, town, state)	DATE SIGNED
10M	Theodoce Y. John 1	12. 22	Cl. 457	1- 0.	2001
-55	23. BURTAL, CREMATION. DATE THEREOF I NAME OF	CEMETERY OR CREA	MATORY	OCATION (City/ town, or county)	(State)
A15C 1-55	REMOVAL (SPECIFY)	A		M	4.00.2
	130519 7-13-55 Cr	1CWC	hapeh 1	) WENSYILLE	NId
5	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	. 2	S. FUNERAL DIRECTOR'S SIG	NATURE	DDRESS
	DATE Only 14, 1955 Columnol Callins	1 41 81V	Villiam Rec	SETE INSHIE	1n-6 54
ļ	The state of 1400 Courses of Course	001	77.7.	JAP I GONG	
			MA	WA POLIS, 1	10

141 E TO MA COMM and the second of the second WAY (LAIF we the same of the in the second was a second of the second and the second of the second o and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

N	corre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 24.
64	_0	1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:	
,	Th	COUNTY Anne Arundel MARYLAND	STATE Md. COUNTY Anne Aru	indel
J	carefully.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and	give nearest town)
( N		X TOWN Severna Park 6 yrs.	TOWN Severna Park	X
V	i de la composición della comp	IIOSPITAL OR	STREET (If rural, give location)	1.
		STREET ADDRESS Manhattan Beach	Manhattan Beach	
	clearly	3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day	
F	Co.	(Type or Print) LESLIE MORTIMER	THOMPSON DEATH 7 11	19 55
	f information death clearly	SEX:   6. COLOR OR RACE:   7. SINGLE, MARRIED, WIDOWED, DIVORCED,   8. DATE   (Specify):   2/29	9. AGE last birthday: IF UNDER I Y	
Ç	044	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		CITIZEN OF WILA
BINDING	ery item causes o	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	V-3-4
Z	caus	Albert Tefft Thompson	Unknown	
	<b>≥</b> ω	15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16 SOCIAL SECURITY NO :	17. INFORMANT & ADDRESS:	
FOR	P. #1	Yes, no, or mnk.) (If Yes, give war or dates of Yes service) Jord War I	Ted Thompson (son)	
	Suppl		AL CERTIFICATION	INTERVAL BETWEEN
E A		1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
RESERVED	INK.	Immediate cause (a) Massive	gastro-intestinal hemorrhage	
E	1.7	Antonodont coura(c)		
	DID	Diseases or conditions, if any, (b) Tuptoure (giving rise to the above cause DUE TO	of esophageal varix	
딍	FA	estating underlying gotten last	s of the liver	
MARGIN	UNFADING Physicians:	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	S OI tine liver	
M		TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	WITH ortant	194. DATE OF OPERATION: 196. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
	Š	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc. 1NJURY	, 21c. (City or town) (County)	(State)
/	E PLAINLY especially im	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
	PL	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy A, Inspection	, Inquiry [], ar
ah	ES]	find that death resulted from: Natural causes Z, Accie	dent 🗌 , Suicide 🔲 , Homicide 🔲 , Undeter	rmined cause 🗌
	RIT.	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
53	W M	Willia // Corres	M. D. ASSISTANT MEDICAL EXAM.	1/11/55
ú	四四四	REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or co	
¥.	EAS	PATE REC D BY LOCAL   REGISTARE'S SIGNATURE	Cemetery Rochester, New 1	Ork ADDRESS
15A	Ş	(IRED 12 IDSC 7 ROOM	Hopping and Kirkley, Glan Burni	



HISTAUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 6245 CERTIFICATE OF DEATH

COUNTY Anne Arundel  MARYLAND  COUNTY Anne Arundel  COUNTY (If callade corporate lamins, write RURAL and give mearest fown)  COWN Crownsville  12 yrs.2mos.18  ADDRESS  Crownsville State Hospital  COUNTY (If callade corporate lamins, write RURAL and give mearest fown)  OR Maryland  COUNTY Baltimore City  City (If callade corporate lamins, write RURAL and give mearest fown)  OR Baltimore City  ADDRESS  STREET (If rural give location)  STREET ADDRESS  PLATE (Month)  (Pary) (Vear)  DEATH 7  SEX  ACC (First)  JOSEPH  COLOR OR RACE NEGOT (First)  JOSEPH  COLOR OR RACE NEGOT (Specify)  Negro  Tucker  SEX  ACC (COLOR OR RACE NEGOT)  Negro  Tob. USUAL OCCUPATION (Give kind of twork retired) Unknown  III. BIRTHPLACE (Stata or foreign country)  Unknown  III. BIRTHPLACE (Stat
Cord
NAME OF   Crownsville   12 yrs.2mos.18   dayswn   Baltimore City
Interval Between   Interval Be
3. NAME OF Crownsville State Hospital 918 Jordan Alley  3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) (Type or Print) Joseph Tucker 5 19 55  5. SEX 6. COLOR OR RACE (MIDOWED, DIVORCED, ISpacify) Sep 2 2/28/02 53 yrs. Months Days Hours 1/2 (Spacify) Sep 2 2/28/02 53 yrs. Months Days Hours 1/2 (Spacify) Sep 3 2/28/02 10. USUAL OCCUPATION (Give kind of work done during most of working life, aven if refired) Laborer 10. Unknown Virginia 12. C.TIZEN OF WHAT COUNTRY? Unknown Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Tucker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yas, give war or delate of service) Unk. Hospital Records 16. MEDICAL CERTIFICATION INTERVAL BETWEE ONSET AND DEATH OF The Pulmonary Tuberculosis 10. Since 4/28/5
DECEASED (Type or Print)  JOSEPh  Tucker  Tuck
(Type or Print) Joseph  Tucker  Tucker
SEX 6. COLOR OR RACE WIDOWED, DIVORCED, S. DATE OF BIRTH 9. AGE last birthday WIDOWED, DIVORCED, Sep. 2/28/02 53 yrs. Months Days Hours 1/2 COUNTRY?  10a. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if refired) Laborer  10b. KIND OF BUSINESS OR INDUSTRY Unknown  11c. BIRTHPLACE (State or foreign country) Virginia  11d. BIRTHPLACE (State or foreign country) Virginia  11d. MOTHER'S MAIDEN NAME  Ralph Young  11s. MATY Tucker  11s. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (19. MEDICAL CERTIFICATION)  11d. MOTHER'S MAIDEN NAME  Hospital Records  INTERVAL BETWEE ONSET AND DEATH  ONSET AND DEATH  ANTECEDENT CAUSE(S) DUE TO
Male Negro (Spacify) Sep. 2/28/02 53 yrs. 2 2 2 108. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if refred) Laborer Unknown Virginia 12. C.TIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  Ralph Young  14. MOTHER'S MAIDEN NAME  Ralph Young  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yas, give war or dalas of sarvica) Unk.  16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  19. M
done during most of working life, even if Unknown Virginia    3, FATHER'S NAME
IS. FATHER'S NAME  Ralph Young  IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) Unk.  Unk.  Unk.  Hospital Records  INTERVAL BETWEE ONSET AND DEATH  ONSET AND DEATH  ANTECEDENT CAUSE(S)  DUE TO  Unknown  Virginia  U. S.  Mary Tucker  17. INFORMANT & ADDRESS  17. INFORMANT & ADDRESS  INTERVAL BETWEE ONSET AND DEATH  ONSET AND DEATH  ANTECEDENT CAUSE(S)  DUE TO
ANTECEDENT CAUSE (A)  Pather's NAME  Ralph Young  Id. Mother's Maiden Name  Mary Tucker  Id. Mother's Maiden Name  Id. Mother's Maiden
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yas, give war or dalas of service)  Unk. Unk. Hospital Records  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Pulmonary Tuberculosis  ANTECEDENT CAUSE(S)  DUE TO
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yas, give war or dalas of service)  Unk. Unk. Hospital Records  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Pulmonary Tuberculosis  ANTECEDENT CAUSE(S)  DUE TO
Unk. Unk. Unk. Hospital Records  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONSET AND DEAT  Known to us  ANTECEDENT CAUSE(S) DUE TO
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ON SET AND DEATH  NIMEDIATE CAUSE  (A) Pulmonary Tuberculosis  ANTECEDENT CAUSE(S) DUE TO
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONSET AND DEATH  ONSET AND DEATH  Known to us  ANTECEDENT CAUSE(S) DUE TO
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)
TO THE DEATH BUT NOT DELATED TO THE
DISEASE OF CONDITION CAUSING DEATH. Schizophrenic Reaction, Paranoid Type. Since 4/13/3
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2D. AUTOPSY7
21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Homs, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bldg , etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While at work B at work B 21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1/21 , 19 48 , to 7/5 , 19 55 , that I last saw the decea
alive on 7/5, 19.55, and that death occurred at 8:00m, Rom the causes and on the date stated above.
(I. Benedict)  ADDRESS (Streat, city, town, state)  Crownsville, Md. 7/5/5
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (Many of County) (State CREMOVAL (SPECIFY)
4. REC'D BY REGISTRAR TREGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE
DATE 7-6-55 18. M. 10160 578 VY / Strolotte

SS61 17

INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH 6174

06250

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
(1)	and a contract of
COUNTY ( MARYLAN	
CITY (if gatside corporata limits, write RURAL LENGTH OF S OR and give nearest town) (in this place	
13 TOWN ( makes)	TOWN Jamasable
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 51 + 22 - h
3. NAME OF (First) (Middle)	(Lost) 4. DATE (Month) (Dey) (Yeer)
DECEASED //	Of OF THE IS
(Type or Print) Helen M1.	Nan 10961 DEATH 1- 19- 19 3,
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE lost birthday IF UNDER 1 YEAR JIF UNDER 24 HI
tenenco MHILLE THONNICH	4-16-1892 (3 yrs. Months Days Hours Min
toa. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
dond during most of working life, even if OR INDUSTRY	E SOUNTAY!
13. FATHER NAME	14. MOTHER'S MAIDEN NAME
6 A I	IA. MOTGER'S MAIDEN NAME
Comesi Towels	Musemion
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	TY NO. 17. INFORMANT & ADDRESS
(Yas, no, or unk.) (W Yas, give war or datas of service)	The heart of lower not a
18, MEDI	CAL CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAD	ONSET AND DEATH
120. DIMMEDIATE CAUSE (A) ALPONYIO	whicher tallers 6 hrs.
ANTECEDENT CAUSE(S) DUE TO	4 4 3/ 1/1
DISEASES OR CONDITIONS, IF ANY, (8)	Wester North Heart Kuntare
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO L
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OK CONTRIBUTING I I CAUSE OF DEATH   OF INJURY straet, office bidg., etc.)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)   21e. INJURY OCCURR)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	hila
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeet) (Hour) 21e. INJURY OCCURRING While at work at work at work at work.	hills D
(If EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)   21e. INJURY OCCURR While at work   Not will at work   all work   all work   22.	Willy 1955, to 19 . July 1955, that I last saw the decease
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRI While at work at work at work at work.	white 1955, to 19 July 1955, that I lest saw the decease curred at M, from the causes and on the date stated above.
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURR While at work I st work at	Lurred and M. from the causes and on the date stated above.  ADDRESS (Strant, ejly, town state)  DATE SIGNE
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURR While at work at work at work alive on alive on signature.	Rurred at M., from the causes and on the date stated above.  ADDRESS (Straat, ejy, town state)  DATE SIGNE  M.D.
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURR While at work I alive on alive on SIGNATURE.	Rurred at M, from the causes and on the date stated above.  ADDRESS (Strant, ety, town state)  DATE SIGNE.
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURR While at work I see the deceased from alive on 3 signature 195, and that death og signature 23. SORIAL, CREMATION, DATE THEREOF NAME OF CEA	Rurred at M., from the causes and on the date stated above.  ADDRESS (Strant, city, town) state)  DATE SIGNE  M.D.   ADDRESS (Strant, city, town) state)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURR While Not w at work	Eurred at



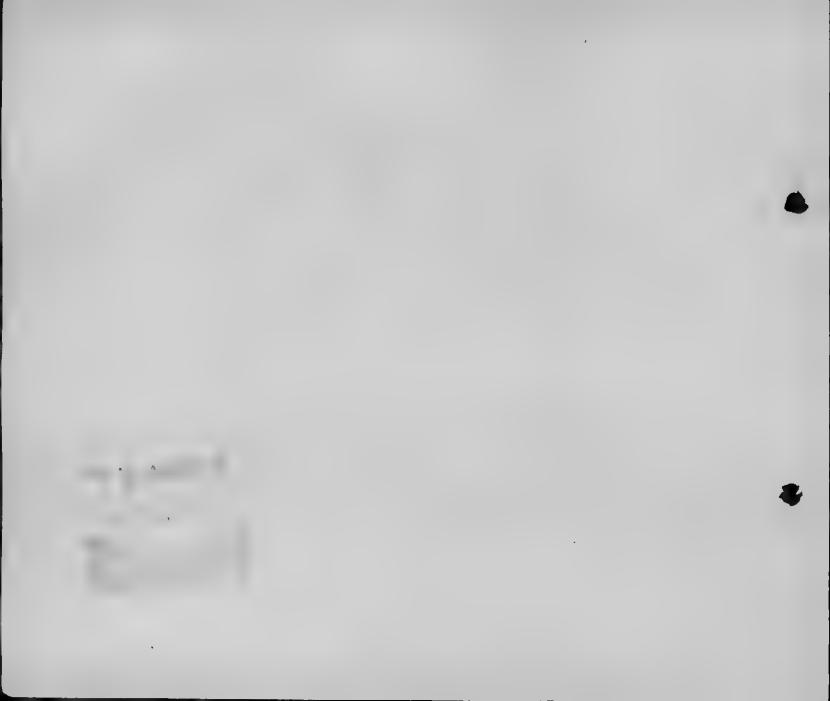
· ASE WRILL

# 6246 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06251

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
Anno Arundel MARYLAND	District of Columbia. COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
P.U.Pasadena   Few seconds	TOWN Washington	47 X - 3
INSTITUTION OR WOODS near Grammar School pi	STREET (If rural, give location)	
	ADDRESS Southern Ave. S.E.	٧
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DAIL (Month)	(Day) (Year)
(Type or Print) Francis Donald Viering  5. SEX   6. COLOR OR RACE   17. SINGLE, MARRIED	DEATH JULY 19	1955 19
Male White WIDOWED DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under Months 31	I year   Hunder 24 h m   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on delication and the could State Forces.	II. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward O Viering	Eugenia ?	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
es. Presentin invide U.S. Air Horces.	U.S.Air Forces Records. (Captain	J.R.Finn.)
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
X/- A X	ad himmend managements.	
immediate cause (a) other Lett whet interior	ed keyond recognation	udden
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause		***************************************
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
PRIMARY ON CONTRIBUTING OF office bldg, etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
CA SE OF DEATH INJUING the air	High Point P.O. Pasadena, A.A. Ma	rvland.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		
NJURY/19/55 12.30 P.m. White at Work   Not while at work	Collision in the air.	
22. I certify that I took charge of the remains described above, held an A	Autonsu Inspection Inquiry I thereon and	from the evidence
ottained by \$ 110 Autopsy. Inspection or Inquiry, find that said dece	ased died on the dry stated above and death in my	opinion resulted
from: natural eauses , arcident , suicide , homicide 1,	undetermined ADDRESS	
Deputy Medical	ADDINESS.	DATE SIGNED
	Glen Burnie, Md. 7/20/	55
BULL DATE THEREOF NAME OF CEMETE	RY OR CREMATORY JOCATION City, town, or count	y) Here Ly



ct	MARILAND STATE DEPARTMENT OF REALTH—BALTIMORE, 18	. Dist.
correct	MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.	* ****
	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
carefully. The	COUNTY ( .( C. COUNTY MARYLAND STATE W. COUNTY	
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits write RURAL and give	nearest town)
EE	OR and give nearest town)  (in this place)  OR  TOWN  A of ten of	31 1
9 6	HOSPITAL OR O O O (If Arral, give location)	
		arv
rio Li	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED:	(Year)
Tha cle	(Type or Print) LUIS VIKTOR DEATH 7 22	19 5 5
f information	5. SEX:  6. COLOR OR RACE:  WIDOWED, DIVORCED, STATE OF BIRTH:  WIDOWED, DIVORCED, Months Days	Hours   Min.
de it	(Specify): L.   WIND OF BUSINESS OR   11. BIRTHPLACE (State or foreign country): 12. CIT.	ZEN OF WHAT
R BINDING y every item of the causes of d	work done during most of work life, INDUSTRY:  Even if retired):  Work done during most of work life, INDUSTRY:  Balla . Mal	NTRY?
DI ite	13. FATHER'S NAME: / A / / 4 14. MOTHER'S MAIDEN NAME:	0
BIN Fery	Joseph William Mary Kapraclet	2
ed F	15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17. IMPORMANT & ADDRESS:	
	18. MEDICAL CERTIFICATION	
		SET AND DEATH
ERVI INK.	43H3 Collin College	المالك
E CL	Immediate cause  (a)  DUE TO	
	Diseases or conditions, if any, (b)	
	stating underlying cause last	
MARGIN RE UNFADING Physicians:	11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
FI 4	19a, DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	AUTOPSY?
		Yes   No
E PLAINDY, WITH	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory, PRIMARY   or CONTRIBUTING   OF street, office bldg., etc., INJURY   OF STREET, OFFICE BLDG.	(State)
曷≥	CAUSE OF DEATH. 1NJURY 2 21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?	
LAI	OF   Wbile at   Not while	
F 5	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inc	
E E	7, 1111 (2)	
WRITE	DEPUTY MEDICAL EXAMINER	1.7
	23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)	(State)
PLEASE	Junear 1 - 20033 Porg 14 Weeter 19 drift VIII	ADDRESS
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS .
H	The state of the s	402



Le registrar within I.2. Lours laffer leath. After this in by the funeral director, the third copy of this

scuted within 24 hours after death.

06249

6247

CERTIFICATE OF DEATH

i : 41m 23 (j ε−3−22 l)	Reg. Dist.	No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	STATE COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (N outside corporate limits, while RURAL and give neers	st town)
X TOWN int cerrie 3. 1	TOWN Sardmone 5	9x
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1.
STREET ADDRESS	ADDRESS	<b>√</b>
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Yaar)
(Type or Print) TIMES TOTE TO	Y BAAYN «	150
5. SEX 6. COLOR OR   7. SINGLE, MARRIED,   8. DA	ATE OF BIRTH 9077 9. AGE last birthday   IF UNDER 1	19 YEAR   IF UNDER 24 HR
RACE WIDOWED, DIVORCED, (Specify) WITH 16 3	Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY		CITIZEN OF WHAT
refired) Housewife None	Michigan	144
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ž u lice	laura- maiden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (WYes, give wer or delas of service)		
1 (a 1es, give wer or deles or service)	Gelonel Coor	
ANTECEDENT CALIFERED DUE TO	of BREAST with metastoses	× .
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	1 St. WHITE OR NUMBER OF STREET	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c, WHERE DID INJURY OCCUR? (City or lown) (County	(State)
21d. TIME OF INJURY (Monih) (Day) (Yeer) (Hour) 21s INJURY OCCURRED  M. at work at work to the control of the c	211. HOW DID INJURY OCCUR?	
John F. McDonnell Dr. M.O.	d at. 6 M. from the causes and on the date stated ADDRESS (Street, city, town, state)	ast saw the decease above.  DATE SIGNE
23. BURIAL, CRINATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county)	(State)
Lung 1 7-15-5	Leciatory	
24. REC'D BY REGISTRAR REGISTER ENSIGNATIVE		DDRESS
0175	TAYLOR'S W:	1 %

MISTRUCTIONS

ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physicien and completely filled death certificate assembly should be detached for use as a burial transit permit.

Harold Rabe

M

...

7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After ō 06253 CERTIFICATE OF DEATH hours Reg. Dist. No..... third after 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED the hours COUNTY STATE COUNTY MARYLAND 72 hour director, (if outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR (in this place) OR. TOWN TOWN HOSPITAL OR STREET (If rural give focation) INSTITUTION OR ADDRESS within uneral STREET ADDRESS 3. NAME OF (Middle (Last) 4. DATE (Month) (Day) (Year) DECEASED OF registrar the (Type or Print) DEATH 19 4 DATE OF BIRTH COLOR OR IF UNDER 24 HRS SINGLE, MARRIED, AGE lest birthdey IF UNDER 1 YEAR é RACE WIDOWED, DIVORCED, Months Hours (Specify) yrs. 9.E 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (Stell or foreign country) 12. CITIZEN OF WHAT with done during most of working life, even if OR INDUSTRY COUNTRY? completely filler Filed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME that pa SOCIAL SECURITY NO (Yes, go, of unk.) (If Yes, give wer or detes of service) burial 1 and INTERVAL BETWEEN 18. MEDICAL CERTIFICATION attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death ₩e! Se **IMMEDIATE CAUSE** use DUE TO ANTECEDENT CAUSE(S) that the attending pl DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST, detached The law requires II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE the DISEASE OR CONDITION CAUSING DEATH. pe 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 NO þ YES retained should 21s. ACCIDENT WAS UNDERLYING [] 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Homa, farm, fectory, (County) (Stete) executed PHYSICIAL OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) **DIRECTOR:** assembly 21d. TIME OF INJURY (Month) (Day) (Year) 21e, INJURY OCCURRED 211. HOW DID INJURY OCCUR? Whila Not while at work et work 19.16, to . 9242, 23, 197 , that I last saw the deceased 22. I hereby certify that I attended the deceased from ...... certificate and that death occurred at ... 10 kg/M, from the causes and on the date stated above has alive on... FUNERAL SIGNATURE ADDRESS (Street, city, town, state) 10.M E SIGNED certificate death certi Letteringeles BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) A15C REMOVAL (SPECIFY) REC'D BY REGISTRAR 5IGNAT 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7-26-55



· ·

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

W	r. The		6248 CERTIFICA	TE OF DEA	TH Reg. Dis	st. No. 2-5		
1	ulli)	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE			ED:			
		COUNTY A.A.  CITY (If outside corporation of and give nearest to Brookl.			corporate limits, write RURAL	and give nearest town)		
		HOSPITAL OR INSTITUTION OR STREET ADDRESS	5202 6th Street	STREET ADDRESS	off rural give location 5202 6th Street	1)		
<b>( M</b> )	le le	3. NAME OF (Fir	st) (Middle)	(Last)	4, DATE (Month)	(Day) (Year)		
	of the	DECEASED: (Type or Print)	ROBERT H. WESTGATE		DEATH: 7/12/58	5 19		
2	ite	5. SEX:   6. COLOR O	WIDOWED, DIVORCED.	20/90	9. AGE last birthday Months Months	Days Hours Min.		
5		10A. USUAL OCCUPATION ( work done during most of week if retired): Macha	working life, OR INDUSTRY:		(State or foreign country): 12	COUNTRY?		
iid	ply he	13. FATHER'S NAME:		14. MOTHER'S M	MAIDEN NAME:			
Z	Sup e t	Ji	ame s	Helen I	Pickering			
OR B		(Yes, no, or unk.) (If Yes, giv of service)		. 17. INFORMANT				
PE OR WRITE PLAIMLY, WITH UNFADING INK. Supply every item of information carefully.	G I	7	18. MEDICAL CERTIFI			INTERVAL BETWEEN		
ERVE	IQ	I DISEASES OR CONDITION	ons directly leading to Death	or infa	rechian.	Jan 53-9.55		
RES	I UNF	DISEASES OF TO THE AND	S, IF ANY. (B)	enary no	clerons			
GIA	E E	STATING UNDERLYING CAUSE LAST. DUE TO						
AR	W.	IT OTHER SIGNIFICANT C	(C) ONDITIONS CONTRIBUTING					
PLAINT,	A, tr	TO THE DEATH BUT NOT DISEASE OR CONDITIO	RELATED TO THE					
	/ 3	19A. DATE OF OPERATION:	198. MAJOR FINDINGS OF OPERA	TION		20. AUTOPSY?		
	est	21A. ACCIDENT WAS UNDER	OF DEATH OF INJURY street, office b	factory, 21c. WHERE INJURY OCCU	DID (City or town) (Cou JR7	nty) (State)		
	P	21D. TIME (Month) (Day) ( OF INJURY	Year) (Hour)   21E INJURY OCCUR While Not while M.   at work at work	RED   21F. HOW DID	INJURY OCCUR?			
	Se i	22. I hereby certify that	I attended the deceased from	4. 5. 19 to J	an [ , 19 5 ), that I las	st saw the deceased		
. 10 - 53	TYPE rect a	alive on SIGNATURE	, 19, and that death occurred	at 1/30 M, from the ADDRES	the causes and on the date	e stated above. ATE SIGNED		
A15 —	≪€	23. BURIAL, CREMATION, REMOVAL (SPECIFY)	7/16/55 NAME OF CER	WETERY OR CREMATOR	Beltimore	or county) (State)		
VS.	PL	DATE REC'D BY LOCAL REGISTRA7-15-55	REGISTRAR'S SIGNATURE A.W.Hedrich	James L. M.	Cully - I30 E. Fo	ADDRESS		

ding.

de Sommers.

registrar within 7.2 Bours after death. After this by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

by the hospital or attending physician.

ATTENDING PHYSICIAN
The bottom copy may be retained

I

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06255 W

# 6249 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL R	ESIDENCE	(HOME) OF D	ECEASE	D	per de et a	-
county Anne Arundel	MARYLAND	STATE	Maryla	nd COUNTY	Balt	imore	City	7
COUNT	MARYLAND LENGTH OF STAY		tside cornorate	limits, write RURAL e				
OR end give paerest town)	yrs 29days	OR			ilo give iio	63		
TOWN Crownsville 2	yrs. Lydays	TOWN	parcing	ore City		2 V	01	- 4
HOSPITAL OR		STREET		(il rurol giv	ve location)			
INSTITUTION OR STREET ADDRESS Crownsville State H	osnital	ADDRESS	921 St	ricker St	rest.			1
	*		/			150	757	V
S. NAME OF (First) (Mid-	dle)	(Lost)		4. DATE (Mor	nthj	(Dey)	(Yee	ir)
(Type or Print) Maude	*	Wilson		DEATH	7	19	19	55
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	B. DATE OF		1 9.	AGE lest birthday	IF UNDE	RIYEAR	IF UNDER	24 HRS
RACE WIDOWED, DIVORG	ED,			P <sup>a</sup> A	Months	Deyx	Hours	Min.
Pemale Negro (Specify) Wido	w Luknov	MIL LINE		54- уп.	-	-	-	-
10e, USUAL OCCUPATION (Give kind of work 108 RIND O		. BIRTHPLACE (SI	ete or foreign c	ountry)	1		OF WH	AT
done during most of working life, even if OR IND	USIKI	Man	er land			U. S		
MOHe			MAIDEN NAM	E.	1	0, 0		
FATHER'S NAME		14. MOTHER'S	MAIDEN NAM	E				
Thomas Brown	579		Uni	known				
	CIAL SECURITY NO.	17, INFOR	MANT & ADDR					
(Yes, no, or unk.) (If Yes, give wer or detes of service)								
Ink. Unk.	Unk.		Hos	pital Rec	ords			
A CONTROL OF CONTROLS SIGNATURE TO PROPERTY	18. MEDICAL CERT	IFICATION					ET AND D	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	1.1-70:1	10.00		3		9	112	EATTH.
1113 X IMMEDIATE CAUSE (A)	MILLIAM	une		23			tel	10
ANTECEDENT CAUSE(S) DUE TO		-0 1	. 17	nine l	7		0	
DISEASES OR CONDITIONS, IF ANY, (B)	encesto	ex cu	vali U	WILLIAM	au,			
GIVING RISE TO THE ABOVE CAUSE	2 8			1.		70	line	
STATING UNDERLYING CAUSE LAST. DUE TO	wegso			4		107		
1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		0			-	-/6	>	
TO THE DEATH BUT NOT RELATED TO THE	Welves	evora	11つ内	LLIANI	alin	15 1	C	1
DISEASE OR CONDITION CAUSING DEATH.	700.00	COO.	901151		Court	4 1	17	14
90. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			,		YES YES		
					_		Light	7
To. ACCIDENT WAS UNDERLYING   216. PLACE (Home, for CONTRIBUTING   CAUSE OF DEATH   OF INJURY street, officer		. WHERE DID INJU	JRY OCCUR?	City or town)	(Cou	infy]	(Stete	
IF EITHER, NOTIFY MEDICAL EXAMINER)			_					
Id. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJ	URY OCCURRED 21	f. HOW DID INJU	RY OCCUR?					
M, et work	et work		-	=				
	. 1/5	10 55	7/7	9, 19 5	5		.1 1	
22. I hereby certify that I attended the deceased	trom #1.2							ceased
alive on 7/18 7 19 55 7 and ha	at death occurred at	4. JUAM, fre						
MGAATURS 8, VII soll II	1			S (Street, city, low		D	ATE SI	GNEE
TO LOCATION HERETER FO	Mus.		Cro	wnsville,	Md.		7/19	9/55
3. BURIAL, CREMATION.   DATE THEREOF	NAME OF CEMETERY OR CE	REMATORY		CATION (City, tow		y) _	(5	iteto)
AEMOVAL (SPECIFY)	Dart 2 1	" 10		2 12	10 -	1	i	
DUPTAL LUIS	mi course.	of Chape	. 6	R.a.	-0300	4	- 1	10
4. REC'D BY REGISTRAR PAGINTAR'S GNATURE	10 1	5. FUNERAL DI	RECTOR'S SIGN	ATURE	- 1	ADDRESS		
ATE 7-202-55 Ratherine	As Jacune 1 10	MI-3 1	Rale T	0 500	11	11)		ッナ
ATE /- LOZ-J Jakumu /	10000	11.11	16 D /2	K. CK	-	TIME		Rep

HYAST TO STADISTRED

Register Failieure
Reflechen Active Canalicumental 2423
Clineare
E) andericollection of Mapples 2423

BUREAU V.

1965 SS 1955

BEGENAED

When hat it tolked give go

theight from him